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Monday, 19 September 2011, 3 p.m.
New York

President: Mr. Al-Nasser .... (Qatar)

In the absence of the President, Ms. Kamara (Liberia), Vice-President, took the Chair.

The meeting was called to order at 3.10 p.m.

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Agenda item 117 *(continued)*

Follow-up to the outcome of the Millennium Summit

The Acting President: I now give the floor to His Excellency Mr. Jorge Venegas, Minister for Public Health of Uruguay.

Mr. Venegas (Uruguay) (*spoke in Spanish*): It is my honour to participate in this High-level Meeting on Non-communicable Diseases on behalf of the countries members of the Union of South American Nations (UNASUR).

In its brief lifespan, UNASUR has provided an excellent forum for our Ministers of Health to discuss our problems and propose regional solutions to them, building a shared community of interests and concerns.

We therefore endorse the statement to be delivered by the representative of Argentina in his capacity as Chairman of the Group of 77 and China, because we are convinced that chronic, non-communicable diseases (NCDs) represent a global epidemic that is responsible for much of the morbidity and mortality in our countries and for the consequent drain on our financial resources.

Concerned about risk factors and determinants of health, UNASUR has established a technical group with competencies in these areas and in the promotion of health. Its goal is to promote joint regional efforts to tackle problems such as the epidemics of overweight and obesity, diabetes, high blood pressure and high cholesterol.

UNASUR countries are watching with concern this globalization-related process whereby unhealthy lifestyles have become increasingly common. The growing urbanization of our countries is a deterrent to physical activity, exacerbated by, on the one hand, increased exposure to television, video games and computers, and on the other the widespread consumption of unhealthy fast foods, which together give rise to an increased incidence of overweight and obesity as well as of diabetes at younger and younger ages.

All UNASUR countries are committed to combating poverty. Poverty is exacerbated, however, by the suffering related to an NCD. Medications are of vital importance for those who suffer from these diseases. However, large numbers of people throughout the world, particularly in the less developed countries, have no access, or only unreliable access, to such medications.

We in UNASUR have been working very hard to ensure access by all citizens to medicines, as we deem these to be a public good and believe that access to them is a sine qua non for the enjoyment of the right to health. We place health above any trade interests. We

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are therefore striving to make use of the existing flexibilities in the Trade-Related Aspects of Intellectual Property Rights Agreement, as confirmed by the Doha Declaration of 2001. We participated actively in the process of the adoption by the World Health Organization (WHO) of the global strategy and plan of action on public health, innovation and intellectual property, with a view to enhancing universal access to medicines without any limitation or restriction to specific diseases.

We believe that if we are effectively to combat NCDs, States must play a leading role in terms of providing coordination among all sectors and devising promotional and regulatory measures. The Framework Convention on Tobacco Control has provided us with valuable lessons. It is thus necessary to replicate these by promoting healthy environments aimed at increasing levels of physical activity; reducing sodium, sugar and saturated fat intake, and eliminating trans-fats in processed food; increasing the consumption of fruits and vegetables; reducing calorie intake; providing more information to consumers; protecting children from advertisements touting unhealthy food and drink; and reduce harmful alcohol consumption by means of effective public policies to minimize access to it.

As we stated earlier, there exist important tools in that respect, including the WHO Framework Convention on Tobacco Control of 2003; the WHO Global Strategy on Diet, Physical Activity and Health of 2004; and the WHO Global Strategy to Reduce the Harmful Use of Alcohol of 2010.

The Millennium Development Goals have made it clear that when clear, delimited and easy-to-communicate goals are formulated, it becomes easier to build alliances and develop frameworks for cooperation suitable to producing concrete results in terms of health. Hence we welcome the holding of this High-level Meeting, because we believe it is key that we should agree upon clear objectives and concrete goals at the global, regional and national levels in the area of chronic NCDs, such as the follow-up and evaluation of the Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting.

The Acting President: I now give the floor to His Excellency Mr. Marty Natalegawa, Minister for Foreign Affairs of Indonesia.

Mr. Natalegawa (Indonesia): I am honoured to participate in this important High-level Meeting on behalf of His Excellency Mr. Susilo Bambang Yudhoyono, President of Indonesia, who is also the current Chair of the Association of Southeast Asian Nations (ASEAN).

Today we are addressing a grievous global concern: the prevention and control of non-communicable diseases. This is an issue that has a strong impact not only on national development gains but also on the human right to life. We therefore wish to thank the Secretary-General for providing us with an enlightening report (A/66/83) on this issue.

First of all, on behalf of ASEAN, let me present our regional perspective on the matter at hand.

For ASEAN member States, non-communicable diseases are a major challenge that compounds the deadly impact of communicable diseases. A 2010 report by the World Health Organization (WHO) showed that non-communicable diseases caused some 36.1 million deaths in 2008. Eighty per cent of these deaths were caused by four main non-communicable diseases. And low to middle income families suffered 80 per cent of these deaths.

According to WHO, NCDs-related deaths will increase by 17 per cent over the next decade. Among ASEAN communities, deaths due to NCDs can increase from the current 2.6 million to 4.2 million people.

At the global level, NCDs are affecting mostly working-age adults, thereby eroding the most productive generation in the world today and thus reducing the gross domestic product of low- to middle-income countries by as much as 5 per cent. This is one reason why poverty is so widespread and why many countries suffered in backwardness.

Hence, we in ASEAN are working hard and in concert to address this grave challenge. In our view, prevention is the key to resolving the problem. Prevention is and will always be our priority. We are therefore carrying out four major prevention strategies.

First and foremost, we in ASEAN are strengthening our health systems and infrastructures. These efforts include mainstreaming NCD prevention and control alongside efforts to prevent and control infectious disease in national development programmes, and enhancing operations in health facilities from the lowest to the highest levels. They include raising the capabilities of human resources for medical care and developing effective referral systems.

We are also improving our surveillance systems of the diseases and the modifiable risk factors. We are working towards universal health coverage and providing service packages that cater to the needs of people with chronic NCDs. In brief, we must have a comprehensive health system and infrastructure for addressing NCDs. This is not an option; it is an imperative.

Secondly, we are strengthening our national health policies and accelerating programmes for tobacco control. We will not be content only with passing laws that heavily tax cigarettes; we will also consider using the revenues derived from sin taxes to support NCDs prevention. We will continue to promote a smoke-free environment in order to protect our people from secondary smoke. We are aligning national policies on agriculture, trade, industry and transport to improve diets, encourage physical exercise and reduce harmful alcohol use. We are implementing community-based intervention for early detection of factors of major NCDs.

Thirdly, we are strengthening partnerships for health. The need for international cooperation for public health cannot be overemphasized. Although the Millennium Development Goals do not include targets for the reduction of NCDs, individual efforts by ASEAN member States warrant complementary coordinated support from our partners. We appeal to our international partners to fund and align NCD prevention and control efforts with their other development programmes, such as those of the MDGs and climate change programmes.

We urge our development partners to fund research on the unique public health problems of our region. We call on the international community to help us ensure that essential pharmaceutical products and medical devices are available to the region. This will help avert the devastating socio-economic impact of NCDs on our societies.

In short, partnership among countries is a must among developed and developing countries and at the global, regional and bilateral levels.

Last but not least, we are ensuring the involvement of all stakeholders. To effectively respond to the challenges posed by NCDs, we must enlist their participation. ASEAN is therefore committed to implementing a whole-of-government, people-centred approach involving civil society, the private sector and community organizations.

By taking these steps, we in ASEAN are confident that we will be able to contribute significantly to the global reduction of the NCD death rate in this decade.

At the national level, Indonesia is grappling with the double threat of communicable and non-communicable diseases. The impact of NCDs is affecting not only the urban populations but also the rural poor. This is compounding the basic problem of poverty.

To address this challenge, in 2006 we established a special unit in the Ministry of Health and tasked it with advocating NCDs control and strengthening the legal framework for that. We have also given priority to minimizing the common risk factors: tobacco use, alcohol abuse, unhealthy diet and physical inactivity. We are now simplifying and increasing taxes on tobacco to control the consumption of this deadly commodity.

Indonesia also is committed to implementing the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. To support global efforts to address NCDs, Indonesia hosted a Regional Meeting on Health and Development Challenges of NCDs in Jakarta in March 2011.

The scale and virulence of non-communicable diseases require unprecedented political commitment at the highest political levels to address this global issue. That commitment must therefore be incorporated into the global agenda of the international community. That is why we are holding this high-level meeting.

Let us not waste this opportunity. Let us seize this moment to secure global commitment for a coordinated response to this challenge. That means mobilizing resources and building a genuine global partnership. These should be clearly stated in the Political Declaration adopted in this meeting (resolution 66/2, annex).

Finally, we call on the international community to include progress in the fight against NCDs as a component of the MDG-Plus beyond 2015.

The Acting President: I now give the floor to His Excellency Mr. Chen Zhu, Minister for Health of China.

Mr. Chen Zhu (China) (*spoke in Chinese*): On behalf of the Chinese Government, I would like to extend my deep appreciation to the General Assembly for its vision and political will to convene the High-level Meeting on Non-communicable Diseases (NCDs). I also wish to extend my appreciation to the President of the Assembly for his outstanding work in organizing this successful meeting.

Today, globalization has led to an unprecedented level of interdependence among countries and interwoven interests. Health factors and social determinants for NCDs exist in every country. Therefore, the prevention and control of NCDs are an inevitable option for our common interests and the pathway to health that leads to the common development of all mankind.

Member States should take advantage of this High-level Meeting to build consensus, adopt scientific and effective measures for prevention and treatment and actively respond to the challenge of NCDs. To that end, I would like to make three proposals.

First, we should strengthen our own national health systems and integrate the health agenda into all policy-making processes. Governments should attach as much importance to health as to economic development. In particular, NCD prevention and treatment should be made a priority of national development strategies. Governments should play a leading role to create a supportive environment with favourable policies, increase financial input, establish multisectoral cooperation and coordination mechanisms and mobilize all sectors of society to participate in preventing and treating NCDs.

Secondly, we should enhance international collaboration and achieve mutual complementarity. Through mechanisms such as South-South cooperation and the Brazil, Russia, India, China and South Africa (BRICS) framework, developing countries should scale up their technological exchanges and sharing of experience. We should continue to promote North-South dialogue in order to expand technology transfer and financial support from developed economies to the developing world, according to the needs of the recipient countries.

The World Health Organization (WHO) should play a leading role in health governance in order to promote balanced development of the global health system and to continue to build capacity for NCD prevention and control.

Thirdly, we need coordinated intervention and a stronger global consensus. The international community must firmly implement the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. We should embrace concepts such as a healthy life expectancy, as well as other more specific, measurable and universally applicable goals and indicators for NCD prevention and control and incorporate them into the Human Development Index. We should continue to push for including NCD prevention and control as an indicator in the Millennium Development Goals.

China is home to about one fifth of the world's population. NCDs have become the number-one threat to the health of the Chinese people. They currently affect more than 260 million Chinese, accounting for 85 per cent of deaths and 69 per cent of the country's disease burden. Any rapid increase in NCDs will lead to a shrinking labour supply, an eroding quality of life and a growing socio-economic burden. NCDs have become an enormous potential obstacle to China's economic and social development, and we should lose no time in preventing and controlling such diseases.

The Chinese Government is pursuing a comprehensive, coordinated and sustainable concept of scientific development, whose core is putting people first. The Government has announced that one of the core targets of its twelfth five-year plan for national economic and social development is to increase Chinese average life expectancy by one year. Effective prevention and treatment of NCDs is a key measure in this regard.

The focus of China's ongoing health-care reform is on achieving universal basic health coverage for the country's 1.3 billion people. The Government will increase investment in the health sector, give priority to public health and basic medical services, and reprioritize the allocation of health resources in order to help integrate disease prevention with treatment.

Currently, China is forging ahead with the "Healthy City" drive throughout the country, and more and more local Governments have included health promotion in their development strategies. Applying information and communications technology in the health sector, in areas such as the electronic personal health profile project, will enhance the robustness and efficiency of the management of NCDS such as hypertension and diabetes and of health care for the elderly, both of which are being extensively delivered as part of basic public health services in both urban and rural areas in China.

Meanwhile, the Chinese Government actively participates in international exchanges and cooperation for NCD prevention and control. It is working to promote the achievement of global initiatives within the framework of the United Nations and WHO. Through cooperation mechanisms such as BRICS health ministers' meetings and by maintaining its long-standing practice of sending medical teams to developing countries, China continues to explore new ways of cooperating internationally in the area of prevention and control of NCDs. China spares no effort in providing medical assistance to the developing world, within the scope of its capacity.

The Acting President: I now give the floor to Her Excellency Ms. Kathleen Sebelius, Secretary for Health and Human Services of the United States of America.

Ms. Sebelius (United States of America): I am honoured to represent the United States today at this very important meeting.

For many years, the international community has joined forces to battle infectious diseases. Working together, we have reduced the devastating toll taken by illnesses such as malaria and HIV/AIDS. While much work remains to be done, we have shown that when the nations of the world come together, we can achieve great improvements in health.

Today, we are here to discuss how we can marshal the same international commitment and collaboration to confront chronic diseases, which are a growing burden for the United States — where they account for 7 out of every 10 deaths — and for so many other countries around the world.

Under President Obama, the United States has made taking on chronic disease a major focus. Last week, for example, we announced a new initiative to prevent one million heart attacks and strokes over the next five years. And our First Lady, Michelle Obama, is leading a national effort to end childhood obesity in a generation.

We have also made chronic disease a focus in our research and global health programmes. Later this week, along with other public and private partners, we will be announcing a major new Clinton Global Initiative Commitment to help promote smoke-free workplaces around the world. We are also launching a global public-private partnership to support tobacco-cessation efforts, using mobile phone technologies that are now widely available in middle- and low-income countries.

These partnerships reflect our belief that in order to turn the tide on chronic disease, we must recruit partners from outside government and outside the health sector. To stay healthy, people need more than high-quality care. They also need clean air and water, nutritious, affordable food and healthy living spaces. We need to work with partners who can help us achieve those goals.

In the years to come, we must maintain our focus on chronic disease, even as we also continue our work to reduce the toll of infectious disease around the world. The United States welcomes the opportunity today to learn from the public health efforts of our neighbours around the globe and to ask what steps we can take together to reduce the burden of chronic disease on all the people of the world.

The Acting President: I now give the floor to His Excellency Mr. Mohammad Hossein Niknam, Acting Minister of Health and Medical Education of the Islamic Republic of Iran.

Mr. Niknam (Islamic Republic of Iran): This timely high-level event provides us with an ideal platform for sharing views, information, ideas and experiences, for coming up with proposals for remedies and for forging effective collaborative partnerships in the implementation of realistic but effective health development programmes in common areas of concern relating to non-communicable diseases (NCDs).

NCDs have traditionally been more prevalent in affluent societies. However, they are becoming increasingly common in many developing countries, in particular among less affluent groups. The Eastern Mediterranean region, like others, is suffering a heavy burden of NCDs, and Iran is no exception. The total burden of disease for NCDs in Iran is 45 per cent for men and 33 per cent for women. Being overweight, obesity, arterial hypertension, inadequate physical activity and hypercholesterolemia are seen to be the greatest risk factors.

Taking into account this situation and through the National Millennium Development Goals Master Plan and the fifth National Development Plan, Iran is implementing a series of programmes and initiatives aimed at reducing the burden of NCDs. Among these programmes, I would like to mention the prevention and control of common NCD risk factors, the imposition of taxes to curtail unhealthy habits such as tobacco consumption, the execution of mass public information and educational campaigns, fostering food industry regulations, and the screening of blood pressure levels and glucosemia.

The Non-Communicable Diseases Risk Factors Surveillance System was introduced in 2004 and has led to the completion of six large-scale surveillance surveys. Further, comprehensive cumulative national data has been compiled, based on age, sex and location, to facilitate the effective monitoring and implementation of policies geared towards the control and prevention of NCDs.

The integrated NCD control and prevention programmes comprise a series of measures that are being implemented. Among them, the following are noteworthy. The cardiovascular diseases control programme focuses on reaching out to rural areas and the myocardial infarction registry. The national cancer control programme has a special focus on colorectal and breast cancers. The diabetes control and prevention programme targets both rural and urban areas. The national newborn congenital hypothyroidism screening programme has coverage of more than 90 per cent. The tobacco control programme is a major focus of Iran's health policy. The control and prevention of nutritional deficiencies promotes iodization and fortification programmes focused on promotion of physical activities. There is also a genetic control programme, an asthma and allergy control programme and, last but not least, an osteoporosis care plan.

I would like to conclude my remarks by mentioning that, as a sign of its commitment to promoting regional and international cooperation, on 25 and 26 October 2010 the Islamic Republic of Iran hosted in Tehran the first regional meeting of a series of World Health Organization regional consultations on the prevention and control of NCDs. In our view, only through closer and meaningful collaboration at all levels, especially in such areas as legislation, resource mobilization and information- and knowledge-sharing, will we succeed in our endeavour to prevent and combat NCDs.

The Acting President: I now give the floor to His Excellency Mr. Andrew Lansley, Minister for Health of the United Kingdom.

Mr. Lansley (United Kingdom): More than half a century ago, our predecessors came together to tackle the greatest health challenges of their day — infectious diseases. In subsequent decades, their collective and sustained actions saved the lives of millions. Our efforts to combat infections like malaria and HIV must go on, but today we also face the new challenges of non-communicable diseases (NCDs).

Increasing and yet often avoidable, NCDs were previously thought of as diseases of relative affluence. In societies in which development brings opportunity, they can disproportionately affect the poorest in our societies and kill millions of people every year. As development brings change, lifestyles change too, as does the burden of disease, exposing people to environments and pressures that dramatically change disease prevalence. The human burden of disease is great and the economic burden of non-communicable diseases equally so, and it threatens to overwhelm the capacity of our health-care systems.

We need to act with boldness and determination to improve environments, lifestyles and choices. Promoting better health and the prevention of NCDs can no longer be seen as solely the responsibility of our health departments. We need a whole-of-Government approach based on an understanding that, if we are to reduce the burden of these diseases, we must tackle the social determinants of health and reduce health inequalities.

Aligning the objectives and actions of all parts of national and local Government and all health-care providers behind a simple set of measurable outcomes — that is what we are doing in England. We have developed a single outcomes framework that places the emphasis on prevention, improves the environment within which we live to make it healthier, gives health-care professionals and local communities the freedom and resources to achieve these outcomes, and empowers individuals to take charge of their own health with a life-course approach to supporting them in those decisions, which also brings all parts of civil society together, including industry, to promote healthier lives.

While regulation and taxation both play important roles — the United Kingdom's effective control of smoking and tobacco being an obvious example — in a free society we cannot just legislate these problems away. The Elimination of Obesity Act 2011 does not and will not exist.

We need to engage with people and businesses. In addition to being part of the problem, the food and drinks industry can be part of the solution. In England, under voluntary agreements food producers are eliminating artificial trans-fats and reducing the levels of salt in their food. Drinks companies are reducing the amount of alcohol and restaurants are publishing the number of calories. We have more plans, and more ambitious plans, ahead. Making the healthy choice should not only be the right choice; it should be a positive choice, an easy choice, and even a fun choice.

You cannot inoculate against alcoholism. There is no jab to prevent obesity. There is no silver bullet to stop people smoking. But with an emphasis on prevention, physical activity and personal and corporate responsibility, and with unified Government action, we can make a big difference.

I hope that, in decades to come, our successors will look back and see that now was when the tide began to turn. With progress and development came not only opportunity and increased life expectancy, but healthy life expectancy — not just adding years to our lives, but life to our years.

The Acting President: I now give the floor to His Excellency Mr. Djamal Ould Abbes, Minister for Health, Population and Hospital Reform of Algeria.

Mr. Ould Abbes (Algeria) (*spoke in French*): At the outset, I wish to convey the warm greetings of Mr. Abdelaziz Bouteflika, President of the Republic of Algeria, who had the honour to preside over the General Assembly in 1974. It is an honour for me to participate in the Assembly's work during the High-level Meeting on the Prevention and Control of Non-communicable Diseases.

In that regard, I would like to thank the General Assembly and the Secretary-General for having convened this summit to develop and implement a global plan of action for the prevention and control of non-communicable diseases (NCDs), in the wake of the First Global Conference on Healthy Lifestyles and Non-communicable Disease Control, held in Moscow on 28 and 29 April, and other regional ministerial conferences held under the auspices of the World Health Organization (WHO).

This summit is of great importance in the light of the significant increase in the incidence of such diseases in our countries and their considerable impact on the costs to national health systems, especially in countries of the South, as well as the challenges they present to equitable access to care, especially among the poorest and most disenfranchised populations. I will not repeat what has been said by previous speakers about the statistics; we all know them. I will, rather, come directly to two points.

My first point concerns my country, Algeria, where non-communicable diseases affect 10 per cent of the general population and 51 per cent of people over 60 years of age. Hypertension and diabetes alone affect 44 per cent of that age group, among whom 30 per cent are afflicted with at least one of the diseases and 50 per cent require long-term medication. Out of 100,000 persons, 104 have cancer. Of all deaths, non-communicable diseases account for 58.6 per cent, compared with 22.7 per cent from communicable diseases and 10 per cent from injury, violence or accident. Cardiovascular diseases cause the most deaths, at 44 per cent, followed by cancer at 16 per cent, respiratory illness at 7.6 per cent and diabetes at 7.4 per cent.

In 2003, the Algerian Government set up a programme to fight non-communicable diseases in an integrated and multisectoral way, engaging as well interest groups and civil society. Algeria follows the World Health Organization step-wise regional strategy for Africa concerning health risk factors and indicators. To fight tobacco use, Algeria ratified and put into force the WHO Framework Convention on Tobacco Control in 2007. Algeria has integrated the fight against NCDs in our national development plan, specifically as regards the health sector, which has entailed significant reforms. Algeria has also increased health-care funding, which now stands at 8 per cent of gross domestic product — which in 2010 amounted to more than $200 per capita. Algeria recently established an innovative permanent funding mechanism, reflected in the 2011-2012 budget, to finance a special fund to fight cancer, and imposed taxes on toxic substances such as tobacco, alcohol and soda. Algeria has launched a sweeping funding plan to strengthen capacity in the health-care system, providing infrastructure and equipment and increasing human resources.

To control cancer, which is a global tragedy, Algeria currently operates six treatment centres, to be expanded to 22 in 2014, with the acquisition of 57 of the latest generation radiation therapy linear accelerators. We have also set up 72 welcome centres for the care of cancer victims, all of them equipped to provide chemotherapy. In the matter of anti-cancer drugs, we took urgent action to provide the funding to prevent any interruption of treatment. All anti-cancer drugs are provided free of charge to any Algerian citizen.

Algeria subscribes to the outcomes of the Moscow world ministerial conference of ministers of health and the Brazzaville regional conference, both of which identified NCDs as a challenge of the highest priority. Algeria also agrees with the proposal to include non-communicable diseases in future Millennium Development Goals. Along those lines, we believe that the problem of access to drugs to combat non-communicable diseases should be directly addressed, and that innovative mechanisms should be created to ensure such access, especially in developing countries.

To that end, we strongly recommend the establishment of a global fund for NCDs, especially for cancer. The international community must mobilize to aid growth in the poorest countries and to help reduce their dependence in the matter of access to medicine by supporting their respective domestic industries.

A second subject I would like to address is one about which I am passionate. While terrorism is a brutal, violent killer, with its blood and destruction and its bombs' hellish blasts, non-communicable diseases as a whole, and cancer in particular, do their deadly work in grisly silence. We watch, powerless, as that global tragedy unfolds before us. So, what can we do, especially about the world citizens of the South, and in particular Africa?

First and foremost, we must grant them access to information, preventive tools, preliminary screening tests and early diagnosis, as well as radiation and chemotherapy. We know that for those who survive — I will not call it "live" — on $100 a month, cancer treatments costing $50,000 a year are entirely out of reach. To earn $50,000 those people would have to work 42 years — for one year's treatment. That is completely surreal, lunatic and unacceptable. We do not have the moral or human right to sit by, doing nothing, and watch the horrific slaughter.

We must therefore enlist our imaginations and creativity. Let us hope that the United Nations and the World Health Organization will embrace and promote the idea of a global anti-cancer fund. It would be a vivid beacon of hope for the women and men who have high hopes for this historic meeting, especially on the continent of Africa. We do not have the moral or human right to do nothing. Let us take action to ensure that every human being can end his or her life in dignity, rather than in disaster and ruin.

The Acting President: I now give the floor to His Excellency Mr. Yerzhan Kazykhanov, Minister for Foreign Affairs of Kazakhstan.

Mr. Kazykhanov (Kazakhstan): Modern society has come to understand the close connection between the quality, conditions and way of life of people and sustainable development. Improving quality of life is not only a goal in itself but also an important contribution to social development and to attaining the Millennium Development Goals (MDGs). Our goal is to stop the growing trend of premature mortality from chronic and non-communicable diseases, which still remains a serious obstacle for achieving sustainable development in the twenty-first century and is an important priority on the global agenda.

Kazakhstan is highly committed to the World Health Organization (WHO) 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases. We support the efforts of WHO to cooperate with its international partners to ensure the monitoring of non-communicable diseases at the national, regional and global levels. The efforts of WHO in scientific research and data collection have made it possible to significantly raise the standard of non-communicable disease control.

We believe that a wider scope and higher quality of medical and sanitary measures to remove the risk factors in public health care are the most effective methods in lowering the incidence of non-communicable diseases. Therefore we encourage WHO and UNICEF to continue to develop the principles laid down in the 1978 Almaty Declaration on Primary Health Care. As mentioned in the Declaration, primary medical and sanitary help still continues to be the best model for providing comprehensive services, including prevention and diagnosis in the early stages and long-term medical help through the engagement of civil society.

The Government of Kazakhstan continues to give high priority in our national plans to the control of non-communicable diseases through strengthening the health-care system. Significant measures have been taken for greater vigilance and control over tobacco products and lowering excessive alcohol consumption, and promoting physical activities and healthy eating habits.

Our country has achieved success in the implementation of the WHO Framework Convention on Tobacco Control. We have also adopted the Code on Health and Health Care and launched a large-scale national programme titled Healthy Kazakhstan 2010, which is aimed at promoting a healthy way of life. Our health-care system has adequate financing at the level of 3.2 per cent of the GDP. In 2013, we plan to introduce a unified national health-care system, which will provide a new model of financing for a guaranteed volume of free and result-oriented medical help.

In conclusion, let me express my confidence that we will achieve sustained long-term progress in the fight against non-communicable diseases in the framework of internationally agreed goals, including the MDGs.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Mwai Kibaki, President of the Republic of Kenya.

President Kibaki: Let me take this opportunity to congratulate the United Nations for organizing this High-level Meeting to discuss the prevention and control of non-communicable diseases globally.

Non-communicable diseases are a major public health concern in Kenya. Over 50 per cent of all hospital admissions and over half of all hospital deaths are due to such diseases. Heart diseases are responsible for 13 per cent of overall mortality, while cancer and diabetes contribute 7 and 4 per cent respectively.

In response to this reality, Kenya has taken preventive and curative measures to address the growing burden of non-communicable diseases. The country has established 45 diabetes comprehensive-care clinics and has trained more than 3,000 medical practitioners in the management and prevention of diabetes.

Some of our preventive actions had to be anchored on legislative frameworks. In 2007, for example, Parliament enacted the Tobacco Control Law, which bans smoking in all public places. The law now prohibits tobacco advertisement and the sale of tobacco products to persons under 21 years old. In 2010 we passed the Alcoholic Drink Control Act to regulate the production, sale and consumption of alcoholic drinks. And recently, Kenya launched the National Cancer Strategy and is now finalizing a draft cancer bill to comprehensively guide the control and treatment of cancer.

Despite these efforts, serious challenges stand in our way as we try to set up adequate systems to deal with non-communicable diseases. This is due to many other priorities competing for our limited resources.

Non-communicable diseases are a major barrier to economic growth and social development. Their prevention and control must, therefore, be integrated into national and global development agendas. It is my hope that this meeting will reflect on strategies to strengthen our health systems, institute effective control measures and improve access to essential medicines, screening services and rehabilitation, as well as to provide long-term medical care to patients.

It is important to point out that effective technologies are still out of reach for many developing countries. We therefore encourage the establishment of partnerships and international collaborations that will facilitate the transfer of appropriate and affordable technology.

In Kenya, the Government encourages private players in the health sector to establish specialist units and hospitals that deal with these diseases. However, the cost of essential medicines and technologies for the treatment of cancer, diabetes and heart diseases remains beyond the reach of most patients. The challenge is indeed enormous, but it can be addressed through measures such as the Agreement on Trade-Related Aspects of Intellectual Property Rights under the World Trade Organization. That would enable the manufacture of, and access to, medicines and related products.

In conclusion, this meeting must be the beginning of concrete international commitments towards the prevention, control and treatment of non-communicable diseases. It is my hope that this summit will come up with appropriate strategies, with specific targets and indicators, for dealing with these diseases. Most important, we must commit our Governments to strengthening our health systems and improve the health of our nations for the sake of sustainable development.

The Acting President: I now give the floor to His Excellency Mr. Jean Asselborn, Deputy Prime Minister of Luxembourg.

Mr. Asselborn (Luxembourg) (*spoke in French*): I would of course like to fully align myself with the statement made by Commissioner Dalli on behalf of the European Union.

This first High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases goes back to an initiative taken by the Caribbean Community, which I would like to commend. Luxembourg is proud to have been able to contribute actively, alongside Jamaica, to the elaboration of the Political Declaration we adopted this morning by consensus (resolution 66/2, annex).

I am convinced that the issue of non-communicable diseases has now emerged from the shadows. In the past, non-communicable diseases were often obscured or ill understood, and their negative impact on development went unrecognized. However, we know that these diseases strike a double blow to socio-economic development. They provoke a significant loss in national revenue and drag millions of people below the poverty line, which of course results in a huge loss of human life.

Since non-communicable diseases affect all countries, the response to this challenge must necessarily be global and universal. It requires unequalled political commitment. It is therefore crucial that this matter be placed on the agenda of the General Assembly here in New York.

It is also important to take full advantage of the work done in Geneva under the leadership of the World Health Organization (WHO). I refer notably to the WHO Framework Convention on Tobacco Control and to the strategies developed to fight the four main non-communicable diseases and their shared risk factors.

Our approach must first stress the prevention of non-communicable diseases, as that is the most effective and efficient way to obtain concrete results. It must also be multisectoral, by promoting health in all policies. Health, agriculture, education, sports, environment, trade and industry — the policies pursued in all those areas, among others, have a direct impact on the effectiveness of our response to a non-communicable disease crisis of epidemic proportions.

Finally, we must establish sustainable health systems by ensuring continued financing, good governance, adequate training for medical personnel, universal health insurance and access to essential medicines. These are stringent requirements, particularly at a time of economic crisis, but that also call for solidarity and equity. To establish sustainable health systems means supporting the right of everyone to the enjoyment of the highest possible standard of health — a fundamental right to which we all subscribe.

Luxembourg is already answering the call contained in the Political Declaration. The issue of non-communicable diseases is included in the health sector strategy of our development cooperation policy. Health is a priority to which we devote more than 11 per cent of our official development assistance, which in turn represented 1.09 per cent of our gross national income in 2010.

For many years, Luxembourg has contributed to strengthening health systems in its partner countries, for instance in Laos and in Senegal. In Mongolia, we are supporting a major programme for the development of cardiovascular health care, using the innovative approach of telemedicine. We also make increasing annual contributions to WHO to support its strategic objective of targeting chronic non-communicable diseases in developing countries.

In conclusion, allow me to welcome the fact that, after the first steps we have taken today at this meeting of the General Assembly, other steps will follow. Thanks to the Political Declaration we have adopted, adequate follow-up will be ensured in the years to come. I would like to assure the General Assembly that Luxembourg will continue to participate in this global effort to prevent and control non-communicable diseases.

The Acting President: I now give the floor to His Excellency Mr. Aaron Motsoaledi, Minister for Health of South Africa.

Mr. Motsoaledi (South Africa): As a Member State of the United Nations, South Africa congratulates the President for putting this item on the agenda of the General Assembly. We also welcome the report by the Secretary-General on non-communicable diseases (NCDs) (A/66/83).

South Africa recognizes the need for combating non-communicable diseases to be regarded as a development priority, rather than only a health concern. It is the view of the South African Government that a health-only approach will be unable to reverse the global mortality and burden due to non-communicable diseases, but that a whole-of-Government and whole-of-society approach is needed.

The Assembly must be reminded that in Africa, and in Southern Africa in particular, communicable diseases, specifically AIDS, remain the primary cause of mortality. In South Africa the mortality rate has nearly doubled over the past decade, mainly as a result of HIV and AIDS. That has contributed to massive human, social and economic consequences. Although significant progress in tackling HIV and AIDS has been made, HIV is now also a chronic disease. Considerably more investment is still needed to turn the tide of these twin epidemics. It is critical, therefore, that as global and national priorities expand, we ensure that we pay adequate attention to the prevention and control of both communicable and non-communicable diseases, as well as to achieving the Millennium Development Goals.

I shall provide just a few examples of risk reduction and control of NCDs in my country. Many representatives may be aware that South Africa has been one of the leading countries on the implementation of the Framework Convention on Tobacco Control. We will continue to strengthen legislation to further reduce the impact of tobacco use.

On improving surveillance, South Africa recently adopted regulations making the reporting of cancers compulsory. South Africa has also just adopted regulations to reduce the use of trans-fats, and is currently drawing up regulations to reduce salt content in processed foods. With a view to a whole-of-Government and development approach to the prevention and control of NCDs, an inter-ministerial committee made up of nine ministers has been established to come up with legislative and other solutions to combat harm from alcohol and other drugs.

At a recent summit on non-communicable diseases held in preparation for this meeting, the South African Government and its partners from various sectors set a range of targets to prevent and control NCDs. In that context, South Africa welcomes the Political Declaration (resolution 66/2, annex) and pledges its commitment to the attainment of its goals and to working with the World Health Organization to develop global targets. In order to achieve such targets, effective partnerships need to be established to increase prevention, screening and access to treatment technologies, including affordable vaccines, diagnostics and drugs.

To prevent non-communicable diseases globally, South Africa urges the international community to put pressure on the food industry to reduce harmful foodstuffs, promote healthy eating habits worldwide and increase pressure on the alcohol industry to reduce the harmful effects of alcohol — for example, by ceasing to advertise what is for many a highly dangerous product. All partners must also collaborate to achieve a tobacco-free world.

My main message today is that reducing non-communicable diseases requires attention to a number of broad social, economic and behavioural determinants of health involving many sectors, and that combating both communicable and non-communicable diseases in an integrated and comprehensive manner is fundamental to both improved health and development.

The Acting President: I now give the floor to Her Excellency Ms. Agnes Binagwaho, Minister of Health of Rwanda.

Ms. Binagwaho (Rwanda): This summit is a watershed in the health of our global population. Let us not forget what happened in this very Hall 10 years ago during the 2001 special session on HIV/AIDS. That meeting fundamentally changed the way that HIV was fought in developing countries. It was also a starting point for access to treatment for HIV-positive people.

Now we are targeting non-communicable diseases, which include cardiovascular disorders, diabetes, cancer, chronic respiratory diseases and many other illnesses. That is very important, because we can no longer ignore their significance as contributors to morbidity and mortality in Africa. In fact, it is in low- and middle-income countries that many are suffering from these diseases.

We all know that non-communicable diseases contribute to poverty in a vicious circle, creating a barrier to socio-economic development and affecting economies of countries like Rwanda through the absenteeism caused by those diseases.

Over the past decade, Rwanda has made significant progress towards the prevention, treatment and control of communicable diseases, and we are on track towards achieving the Millennium Development Goals. Thanks to that effort, Rwanda has seen under-five mortality reduced by more than half, and under one-year mortality reduced by more than 42 per cent. We have also achieved universal access to HIV treatment and we can now treat HIV as a chronic disease.

We have strengthened our health sector, so that 95 per cent of Rwandans benefit from insurance and from performance-based financing across the whole health sector. That success is going to help us to build programmes to fight non-communicable diseases. Now that we have a life expectancy of over 50 years, we plan to tackle hypertension, cardiac disease and all the other diseases I mentioned earlier.

I should also note that Rwanda is aware of the need to both treat and protect the population against the emerging risk factors that accompany urbanization, the globalization of trade and marketing and the progressive increase in unhealthy lifestyles — a pattern that can be seen in so many industrialized countries.

We intend to begin our research on the prevalence of non-communicable diseases in Rwanda next year, but we already know that non-communicable diseases can account for approximately 25 per cent of the country's disease burden. Based on that figure, unless we systematically and strategically address our care and delivery for non-communicable diseases, we will continue to have a significant gap in our current health-care system. We will never achieve full development if we do not seriously tackle non-communicable diseases.

At this moment, most of our citizens must simply endure non-communicable diseases, since they cannot afford treatment. That was once the case for HIV, malaria and tuberculosis. We want to make what is unaffordable today history. Without decreasing the attention we currently give communicable diseases, we want to tackle non-communicable diseases.

We have begun by creating several departments to coordinate the fight against non-communicable diseases and by developing several initial strategies and policies. We have adopted a law prohibiting smoking in public areas. We have taxed tobacco and reserved a part of the revenues for the welfare of the population. And we have begun to provide specific services, especially for fighting cancer, by designing national programmes for human papilloma virus detection and vaccination, as well as for breast cancer detection. But that is just the beginning; we want to go further.

I remember how, in the case of HIV and other communicable diseases, we began in a similarly slow fashion. We now have universal access. That gives me hope. Since we have managed to reduce mother-to-child transmission of HIV to less than 2 per cent, I believe that global solidarity can help all countries combat all those diseases. Certainly, that will require more doctors, more nurses, more drugs and greater laboratory capacity, but also more solidarity.

The Acting President: I now give the floor to His Excellency Mr. Leslie Ramsammy, Minister of Health of Guyana.

Mr. Ramsammy (Guyana): With the convening of this High-level Meeting on non-communicable diseases (NCDs) and the adoption of the Political Declaration (resolution 66/2, annex), NCDs have now rightly assumed a place of prominence as a global threat that needs to be addressed as an emergency. The world now appropriately acknowledges that the NCDs constitute a new front in the fight to promote global public health and in the fight against poverty.

We offer congratulations to the co-facilitators, Ambassador Wolfe of Jamaica and Ambassador Lucas of Luxembourg, for guiding the negotiations, which culminated in a consensus document on a timely basis.

Guyana recognized at an early stage that the efficacy of the efforts pursued at the national level needed to be complemented by regional and global consideration and action. Guyana has played an active role in advancing the NCD agenda at the regional and global levels, calling since 2001 for a Millennium Development Goals (MDGs) expansion — an MDG+ — to include globally led agreements for the fight against NCDs, and making it a focus during its presidency of the sixty-first session of the World Health Assembly.

Guyana has worked with other member States of the Caribbean Community (CARICOM) to ensure a regionally coordinated response to NCDs. In this regard, it will be recalled that CARICOM was instrumental in facilitating the General Assembly's consideration of the issue of NCDs. It was not accidental. The decision was informed by the gravity of the development challenge that NCDs posed for all CARICOM member States.

The Declaration contains many measures that will save lives in the short term and contribute to creating a healthy society, which will assist in the prevention of NCDs in future and assist also in reducing and eliminating poverty. We therefore call for the full implementation of the Political Declaration, including early agreement on global targets, a monitoring framework and a substantive and collaborative partnership of global stakeholders to facilitate continued action on NCDs; a call for greater access to affordable, safe, effective and quality-assured medicines, and improved access to palliative and rehabilitative services, particularly at the community level; reoriented trade and agricultural policies to facilitate the provision of healthy local foods; and the provision of increased and sustained human, financial and technical resources from all sources, including through innovative approaches.

For that reason, we call on Member States to work together to support the follow-up processes, such as the development of national plans by 2013, the development of global targets and indicators, including the overall goal of reducing preventable deaths from NCDs by 25 per cent by 2025; and to monitor trends and assess the progress made in the implementation of national strategies and plans.

Guyana supports the appointment of an envoy or representative on NCDs to promote aggressive action and to foster national and regional collaboration.

We believe that greater consideration must be given to the existing MDG Goal 8, target 8e and indicator 13, to meet the need for better access to affordable, quality medicines, technology and diagnostics. Similarly, existing MDGs address the need for better nutrition, improved and expanded immunization, elimination of gender disparities and improved environmental control.

We need more robust implementation of the World Health Organization's 2003 Framework Convention on Tobacco Control (2003). Guyana believes that the global minimum standard for trans-fats and salt are appropriate global actions and that we must not be shy in applying such standards. We believe that the Global Strategy to Reduce the Harmful Use of Alcohol must be strictly applied, and we support the call for a global no-alcohol day.

Guyana calls for the world to join us in celebrating Caribbean Wellness Day on the second Saturday of September each year, a day established by the Caribbean heads of Government at their Summit held in Port of Spain in 2007. We must agree on a package of publicly guaranteed health-care services for NCDs that becomes an entitlement for citizens everywhere.

While Guyana is grateful that the High-level Meeting has now made a response to the NCDs a priority development issue, we are disappointed that there are only references to the neuropsychiatric disorders. We believe that these disorders have too great an impact on the disease burden and should be given more consideration at the global level than is presently provided for.

The President took the Chair.

The President (*spoke in Arabic*): I now give the floor to Her Excellency Ms. Nicola Roxon, Minister for Health and Ageing of Australia.

Ms. Roxon (Australia): Australia is delighted to be participating in this historic United Nations meeting on the global challenge of non-communicable diseases (NCDs). NCDs pose a growing threat to our health systems, our societies and our economies. And because NCDs strike already disadvantaged communities and countries harshly, the threat of NCDs risks further entrenching poverty and disadvantage around the world. So we must act now, or too many people will continue to suffer and die from illnesses that are largely preventable, and our health systems simply will not cope.

The Australian Government is strongly committed to action on non-communicable diseases, internationally and at home. In Australia, we have put prevention of chronic disease, and strengthening our primary-care system to better treat NCDs, at the very core of our Government's health reform agenda.

We are taking action on a range of fronts: through research and social marketing campaigns, and support for preventative health efforts across Governments, industry and the broader community. We are also providing support to developing countries to prevent and better control NCDs, especially in our own region, the Pacific, which has some of the highest NCD rates in the world.

At the global level, I am pleased to announce today that Australia will provide a further $4 million to the World Health Organization (WHO) to implement its Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases as part of the approximately $4 billion on health assistance to developing countries that we will provide over the next five years.

Australia is also building on our existing work on NCDs in the Pacific with a $25 million commitment to help Pacific island countries tackle these problems, focused on building the evidence base for effective interventions and cost-effective prevention strategies, and addressing the wider social determinants of health.

Today, I want to talk in particular about an issue which is a major focus for Australia: tobacco control. Unlike on other risk factors, the evidence on tobacco is crystal-clear. We know the harms; the research evidence is unequivocal. If we do not take steps to tackle tobacco, WHO estimates that the number of people dying each year from tobacco-related illness will rise from nearly 6 million per year now to more than 8 million by 2030.

Australian Governments have for many years been tough on smoking by world standards. We are now taking this strong record of comprehensive action further with the world's first plain-packaging laws for tobacco. From next year, all tobacco products in Australia will be sold in packs that will be required to have the same packaging, in the same unattractive dark brown colour. Graphic health warnings will cover most of the pack. There will be no brands, no logos and no colours. In fact, I have a mock-up here of what tobacco packs will look like in Australia when these laws come into effect next year.

Australia is the first country to have taken up the WHO challenge to take this step. As a result, the Big Tobacco giants are fighting desperately, through massive advertising campaigns and threats of legal action. They are fighting vigorously because they know that plain packaging will hurt them by reducing sales. And they know that if Australia succeeds in being the first country to implement these laws, we will not be the last.

The Australian Government is very confident that we can withstand these threats and challenges. In fact, the more the tobacco companies fight, the more we know we are on the right track.

Fighting back, as Dr. Chan said this morning, against Big Tobacco requires resources and political will. But saving lives and improving the health of the global community is an investment that will pay a huge dividend. I therefore urge all members to consider how their countries can take the next steps too, using the Framework Convention on Tobacco Control as the mechanism for reform. The fight against Big Tobacco is one which, together, we can win.

The President (*spoke in Arabic*): I now give the floor to His Excellency Mr. John Seakgosing, Minister for Health of Botswana.

Mr. Seakgosing (Botswana): Non-communicable diseases (NCDs) — cardiovascular diseases, diabetes, cancer and chronic respiratory diseases — account for more than 60 per cent of global deaths, of which 80 per cent occur in developing countries. The main contributing factors to these diseases — lack of physical activity, poor nutrition, smoking and alcohol use — are on the rise all over the world. Underlying factors, such as the ageing of the population and the modernization of our societies, are also steadily contributing to the ever-growing burden of NCD risk factors, disabilities and deaths. While the burden may seem insurmountable, we should not be discouraged. We can have a tremendous impact on NCDs and associated risk factors by implementing a comprehensive approach that focuses not only on improving knowledge and awareness, but on reformulating the policies, laws, regulations and environments that govern our behaviours, as well as putting in place a health-care system that can adequately detect and manage these diseases.

The Botswana delegation is honoured to attend this High-level Meeting and aligns itself with the outcome document (resolution 66/2, annex) related to the rising epidemic and its impact on the social and economic development of countries around the world. National surveys and selected studies conducted in Botswana indicate that NCDs and their risk factors are prevalent — specifically, tobacco use, alcohol use and unhealthy diets.

While Botswana is viewed as a middle-income country that has achieved significant milestones in health and development, we need to ensure that the progress we have made is not reversed by the rising tide of NCDs and diminishing investment. It is important that resources be increased at the national, regional and international levels.

The Government of Botswana supports the recognition of the dual burden of communicable and non-communicable diseases. The public health burden of NCDs and appropriate ways by which to intervene pose unique challenges to developing and middle-income countries.

In Botswana, we are still experiencing high rates of morbidity and mortality due to communicable diseases such as HIV/AIDS, tuberculosis and malaria. We must not ignore these continued threats, but build on past successes to face the new public health threats of the twenty-first century.

We welcome the assertion that the whole of society, and not just Governments alone, needs to respond to this epidemic. Coordination from the highest level of Governments and concerted efforts from many other sectors of society — the private sector, civil society and industry — are required to mount a comprehensive public health response to NCDs.

As we continue to develop and implement our NCD strategy in Botswana, one of our main priorities is to establish a broad-based coalition that includes representatives from many sectors of our society. That would be an important effort that would lead to greater ownership and sustainability of the interventions and policies we intend to implement.

What is very clear is that we can no longer ignore the importance of NCDs and their impact on the global population and their quality of life. In order to address the public health crisis effectively, I challenge everyone here today to set a bold course for the future. We must not be afraid of facing the problem head on. Botswana has experience in this regard, having instituted a 40 per cent levy on alcohol and increased its enforcement of laws that help to prevent alcohol abuse.

We are in the process of writing a similar type of law with regard to tobacco use, which will be more in line with the World Health Organization Framework Convention on Tobacco Control. We intend to take a hard look at the levels of sodium in our food supply. This is not an easy path to take, I can assure the Assembly, but it is the right one. Those legislative initiatives, coupled with supportive interventions and programmes, will ensure our success for the future. I have no doubt that we will be contributing to a healthier tomorrow.

For those of us who have lived with the significant burden of HIV/AIDS, we remember a similar meeting 10 years ago, which led to a comprehensive response to the epidemic. Last June, at the High-level Meeting on AIDS, world leaders agreed on bold new time-bound targets related to the prevention of new HIV infections, increasing the number of people on treatment and decreasing tuberculosis-related deaths associated with HIV.

We again find ourselves called together to bring much-needed global attention to a significant health issue. Yet, where are the targets related to NCDs? How would we know that we are on the right path without a well identified finish line? What should we strive for, if there is no light at the end of the tunnel? And where and how do we get the resources to achieve our targets?

Many competing interests await all of us when we return home. What we decide and agree upon during this meeting will help us as Government leaders to set a national course for NCD prevention and control.

Let me conclude by saying, let us not be deterred by the scope of the problem. Let us not be swayed by competing priorities. Let us be bold in the face of NCDs and chart a successful course for the future.

The President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Joseph Yieleh Chireh, Minister for Public Health of Ghana.

Mr. Chireh (Ghana): It is my pleasure to join previous speakers in congratulating you, Sir, on your election as President of the General Assembly at its sixty-sixth regular session. We trust that with your wealth of experience you will be able to steer the deliberations of this session to a fruitful conclusion. We would also like to assure you of our cooperation and support towards a successful outcome for this High-level Meeting.

The delegation of Ghana takes this opportunity to associate itself with the statement made by the Argentine Republic on behalf of the Group of 77 and China.

The increasing burden of non-communicable diseases (NCDs) poses a serious threat to global public health and security. Although diseases such as HIV/AIDS, malaria and tuberculosis are a major burden for developing countries, the death rates for the NCDs are higher. NCDs are estimated to be responsible for half of all deaths.

The epidemiological transition in Ghana has brought about a double burden of disease — communicable and non-communicable. At present infant and adult mortality from infectious diseases is steadily decreasing, and death rates are falling. Life expectancy in Ghana is steadily increasing, and the population is ageing concurrently. As the number of adults relative to children rises, the most common health problems are becoming those of adults, producing a surge in NCDs. Recent changes in diet and the social environment and the adoption of unhealthy lifestyles have resulted in the high burden of NCDs.

Apart from sickle-cell disease, which is genetically linked, the other major NCDs — cardiovascular diseases, diabetes, cancers and chronic respiratory tract infections — share common and modifiable risk factors, namely tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity. This clearly underscores the fact that there is a lot that we can do to reduce the incidence and devastating effects of non-communicable diseases. By promoting healthy lifestyles, we should be able to bring down the disease burden due to NCDs.

To address the menace in Ghana, so far we have put in place the following measures. A national policy on NCDs has been developed. A public health bill with tobacco control as an integral part has been put before our Parliament. We have finalized a national strategy for cancer control in Ghana. We have developed a national sickle-cell strategic plan, and implementation has started with the scaling up of newborn screening and care of affected children. In the past four years we have been implementing a regenerative health and nutrition strategic plan with the promotion of healthy lifestyle activities throughout all 10 regions of Ghana. Finally, mass sports to encourage physical activity are being promoted.

The Government of Ghana is committed to the fight against NCDs and will continue to provide the needed political leadership and resources for the prevention and control of NCDs. Ghana urges the World Health Organization to continue to provide the much-needed technical assistance and direction to developing countries as we engage in this battle against NCDs. The Commonwealth Secretariat deserves commendation for the crucial role it has played and continues to play in the fight against NCDs.

The President: The Assembly will now hear an address by His Excellency Mr. Heinz Fischer, Federal President of the Republic of Austria.

President Fischer: As we all know, successful efforts to tackle non-communicable diseases (NCDs) need to involve a range of government sectors and cross-cutting public policies. In Austria, 10 comprehensive and measurable health objectives for the coming 20 years are currently the subject of a structured political dialogue under the leadership of the Federal Minister for Health. A wide range of societal as well as government sectors are involved, in line with existing international health goals. Among the member States of the European Union, Austria happily ranks second in terms of health care expenditures on a per capita basis and the number of hospital beds.

The burden of NCDs in the European region is rising as a consequence of unhealthy lifestyles and unfavourable socio-economic conditions. Austria is confronted with problems — similar to developments in the European region — of obesity, lack of sports, smoking and alcohol consumption, especially among the young population.

Responding to these challenges, our Government launched the National Nutrition Action Plan, which follows a horizontal "health in all policies" strategy with measures regarding nurseries, kindergartens and schools. It contains, for example, guidelines for school catering. The Federal Minister for Sports, in cooperation with the Ministry of Health and other relevant stakeholders, is developing a national action plan for physical activity. Based on up-to-date scientific information, the recommendations establish how much physical activity is necessary in order to positively affect health according to age groups. These recommendations are the first to provide suggestions in terms of intensity.

The Austrian health policy emphasizes its prevention strategies, tackling the increasing number of persons with diabetes by adopting a federal quality guideline on diabetes mellitus type 2. The goal of this disease-management programme is to prevent patients from suffering complications associated with diabetes through prevention, early detection, diagnosis, quality-based care and therapy. Furthermore, we focus on the role of psychosocial factors and influences on mental health. Following recommendations by the World Health Organization and the European Union, Austria has started the formulation of a national cancer plan.

What we need is strong political leadership to give sufficient impetus to the fight against NCDs. Governments need to include future-oriented decisions in their policies across a wide range of different government departments, not just the ministries of health. People need to change their lifestyles and behaviours. The prevention and control of NCDs have to be part of our daily life.

The President: I now give the floor to His Excellency Mr. Urmas Paet, Minister for Foreign Affairs of Estonia.

Mr. Paet (Estonia): I thank the Secretary-General for convening this first High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs). It is timely that this highly important and growing issue of non-communicable diseases is discussed at a high level at United Nations Headquarters. At the same time, I would like to reaffirm the leading role of the World Health Organization (WHO) as the primary specialized agency for health, in coordinating and promoting global action against non-communicable diseases.

Estonia welcomes the adoption of the Political Declaration (resolution 66/2, annex) earlier this morning, in which Governments commit to strengthening their national health policies and to reducing risk factors associated with tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol. These are commitments that developing and developed countries can share alike.

In many countries, non-communicable diseases pose a huge but avoidable burden on human capital and the economy. The global population will reach 7 billion people, but the demographic situation in the world is changing in two opposing directions.

On my continent, Europe, societies are ageing, but the years lived in good health can be further extended. Evidence shows that this result is effectively achievable through systematically applied preventive activities. Non-communicable diseases cause significant disability and early loss of work capacity as well as premature death.

On the other hand, the number of young people in the world has never been higher, and most of them live in the developing world. It is important that we promote sexual and reproductive health and rights, since the key to informed decisions is their access to a comprehensive health service package, together with sexuality education.

Non-communicable diseases have particularly strong socio-economic impacts on developing countries. They are also greatly affecting the achievement of the Millennium Development Goals, which, as we know, are falling short of the targets in many countries. Estonia has increasingly supported the development of health systems in developing countries, such as Afghanistan. We continue to support the efforts of different United Nations organizations, such as UNICEF and the United Nations Population Fund, in their actions to improve access to health care, particularly for girls and women, throughout the developing world.

We know that the work to address NCDs must be comprehensive and consistent, and that it takes time to see first results. A systematic approach that encompasses health promotion, disease prevention, health care and actions directed towards influencing activities of other sectors is needed. Such an approach is well described in the WHO European Region charter entitled "Health Systems for Health and Wealth", also known as the Tallinn Charter. Tackling NCDs means comprehensive investments in health systems — in health promotion, disease prevention and health care. All sectors must be aware of the impact their actions may have on health and have health enhancement in mind.

In line with the Tallinn Charter, Estonia has a comprehensive five-point multisectoral approach for tackling NCDs. It covers social determinants of health, child and youth health, key risk factors, a healthy environment and health-care services, which play a crucial role in producing sustainable gains in health. The national health plan provides an umbrella framework for specific disease-oriented health strategies.

The global response to reduce premature morbidity and mortality from non-communicable diseases should be effective, comprehensive and integrated into the global health agenda as well as in national health systems.

The President: I now give the floor to His Excellency Mr. Juma Duni Haji, Minister for Health of the United Republic of Tanzania.

Mr. Haji (United Republic of Tanzania): I have the honour and pleasure to deliver the following brief remarks on behalf of the President of the United Republic of Tanzania, His Excellency Mr. Jakaya Mrisho Kikwete, who will not be here today because of other pressing engagements.

As a contribution to this important discussion on the prevention and control of non-communicable diseases (NCDs), Tanzania, in partnership with the Governments of Australia and Sweden, is hosting a side event this evening on oral health.

My delegation welcomes the convening of this High-level Meeting of the General Assembly to discuss the prevention and control of non-communicable diseases, which have become a major challenge to our health system.

Risk-factor figures for NCDs in my country are very high. The prevalence of tobacco smoking is 10 per cent and that of overweight people is 21.8 per cent. The rate of persons with elevated total cholesterol levels is 21.6 per cent, the rate of people with elevated blood glucose levels is 8.5 per cent, and per capita consumption of pure alcohol is 7.8 litres.

The burden of disease is equally alarming. The prevalence of diabetes is 5.3 per cent, of hypertension 30 per cent and of chronic obstructive pulmonary disease 12.6 per cent. The incidence of cancers is 21.2 per 100,000 people. Cervical cancer is the most common type. In addition to these four major groups of disease, in Tanzania 8,000 to 10,000 children are born every year with sickle-cell anaemia. Oral health, mental health, violence and injuries are also major challenges for us. As a result, the NCD mortality rate is 75.7 per 100,000 for men and 58.6 per 100,000 for women.

The cost of health care for NCDs is very high. The household cost for diabetes treatment is 25 per cent of the minimum wage. Between 73 and 92 per cent of people with heart disease spend more than 40 per cent of their non-food income on care and treatment. NCDs therefore impoverish families.

Poor communities are vulnerable to NCDs, as they go for cheap but nutritionally harmful foods and are exposed to unhealthy lifestyles, while the sedentary lifestyles of white collar workers put that group at risk. Therefore, NCDs have to be on the development agenda.

Tanzania has an NCD strategy that was launched in 2009 aimed at the prevention and control of NCDs so as to reduce the burden they present and ensure access to affordable NCD services. We now have an NCD unit at the Ministry of Health with an NCD national steering committee comprised of various stakeholders to provide oversight.

Tanzania faces the double burden of communicable and non-communicable diseases. As we focus on NCDs, we must not jeopardize the attention we are giving to the prevention and control of communicable diseases.

In conclusion, I would like to thank you, Mr. President, for giving Tanzania the opportunity to make its case here and hope we can achieve success regarding NCDs as we all did for HIV/AIDS.

The President: I now give the floor to Her Excellency Ms. Heidi Hautala, Minister for International Development of Finland.

Ms. Hautala (Finland): First of all, let me align myself with the statement of the European Union.

Non-communicable diseases (NCDs) are a growing problem in the developing world and a huge challenge to achieving the internationally agreed Millennium Development Goals. Developed countries, unfortunately, do not provide a very good example here, as their lifestyles are closely linked with many of these diseases.

At the same time, developed countries have accumulated a lot of experience on how to tackle non-communicable diseases. In Finland, for instance, pioneering work has been done in the area of the prevention of heart and coronary diseases — the so-called North Carelia Project and the name of Mr. Pekka Puska, an outstanding expert, are familiar to many in the international context. The Finnish emphasis is on health promotion and primary health care. These are by far the best means in the developing world, too, to fight non-communicable diseases. The importance of health system strengthening cannot be overemphasized.

Health is affected by several factors, many outside the remit of the health sector itself. Healthy eating, for instance, is linked to agricultural policy, global rules for agricultural trade, other trade, urban planning, tax policy and educational systems. Since the 1940s, school meals have been a very important innovation to promote healthy eating in Finland.

Business and industry also have their responsibility. They can promote healthy lifestyles, but unfortunately they can also work against them to advance narrow, short-term economic interests. This must come to an end. Tobacco is perhaps the clearest example of a commercial product that is harmful to public health. It kills 6 million people each year, dramatically reduces the quality of life of millions, and is a massive burden on national health budgets. Finland has set itself the goal of being completely tobacco-free by 2040. We believe that this is a realistic goal.

Gender issues are central when talking about health promotion and sustainable development. Women often suffer most from the effects of poverty and illness, but even more importantly, they are powerful agents of change. Their behaviour and choices can make a big difference in efforts to tackle NCDs and other diseases. Maternal health and sexual and reproductive health and rights are also relevant in this context. Women's access to primary health care and their right to choose serve them, their families and society as a whole.

Poverty eradication and sustainable development are directly linked to health. People who live without access to the basic necessities of life, without good quality education, or in the margins of society do not have the means to make healthy choices. Basic education and health education have a crucial role here; they are also very cost-effective ways to promote health.

As with any aspect of sustainable development, primary responsibility lies within each country and with the commitment and accountability of each Government to its people. Development assistance can only have a catalytic role. Domestic resources must be mobilized. Some health promotion activities — for instance taxing tobacco, alcohol, or unhealthy food and beverages — are in fact very cost-effective. At the same time, of course, international cooperation is needed.

The role of civil society in health promotion is crucial. One example of that is that our delegation includes representatives of three non-governmental organizations — one working on heart disease, one working on cancer, and one working on diabetes. A very good example of their work is the so-called Better Choice symbol, developed by the Finnish Heart Association to help consumers make healthier choices.

Mr. Zinsou (Benin), Vice-President, took the Chair.

In addition to being a value in itself, health is an important factor in promoting positive economic development. A healthy population is a productive population. NCDs have a major social and economic impact. They slow down economic development. Let me also mention that there are also many synergies between health and a green economy, such as cycling.

We must also continue to tackle such communicable diseases as AIDS, as was pointed out by the Tanzanian Minister a moment ago. HIV/AIDS has become a chronic disease, and is linked to non-communicable diseases in many cases. Many developing countries are in fact faced with the double burden of communicable and non-communicable diseases. That is why, for Finland, the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund, for instance, are key partners in promoting the HIV/AIDS and the closely linked sexual and reproductive health rights agendas.

We want to see the World Health Organization (WHO) continue to be the lead actor in global health promotion. It gives strategic guidance to Member States and coordinates their international response. WHO has been the forerunner in the fight against tobacco. The Framework Convention on Tobacco Control is an unprecedented piece of international legislation, extending into many areas outside health, such as trade, customs and taxation. It should serve as an example for addressing other harmful products as well.

The United Nations as a whole has a central role to play in promoting sustainable development and the achievement of the Millennium Development Goals, very much including in the area of health. It is crucial to continue pushing forward with United Nations reforms in order to make sure that the United Nations system can respond in the best possible way to the challenges it is faced with.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Yasmina Baddou, Minister of Health of the Kingdom of Morocco.

Ms. Baddou (Morocco) (*spoke in Arabic*): Great effort is required in the current circumstances to combat non-communicable diseases through a multisectoral strategy, a precautionary approach, the promotion of healthy lifestyles, early screening and the creation of appropriate regulatory taxation frameworks. We therefore believe it important to mobilize international mutual cooperation, and in particular support for developing countries in improving their health sectors, building their capacities, benefiting from successful experiences in the field of prevention, and containing non-communicable diseases.

Committed to international partnership in the fight against such diseases, Morocco has endorsed the guidelines of the World Health Organization as defined in its 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. Morocco has proceeded to implement its national integrated initiative for the prevention and monitoring of non-communicable diseases, with the involvement of local and municipal authorities, various ministries and non-governmental organizations.

To that end, Morocco has enacted several multisectoral policies and strategies, including its national initiative for human development, launched by His Majesty King Mohammed VI in May 2005 and aimed at combating all forms of poverty and social marginalization and at meeting the people's basic needs in marginalized areas. Other initiatives include a national literacy programme, the Green Morocco project to guarantee food security, a national charter for the environment and sustainable development, the Sport for All strategy, and the establishment of a national centre for food safety. All of these initiatives seek to promote healthy lifestyles, counter risk factors, strengthen the capacities of the health-care system, promote the availability of affordable medicines and basic medical coverage, mobilize additional resources through the taxation of tobacco and alcohol products and the implementation of an epidemiological survey of these diseases and their risks, and promote research and development.

The Moroccan experience in the fight against non-communicable diseases has expanded in recent years with the strengthening of partnerships and increased societal awareness. In that regard, the Ministry of Health, with the support of the Lalla Salma Association against Cancer, has developed its national plan for the prevention and control of cancer for the period 2010-2019. The plan, which is based on the World Health Assembly resolution on cancer prevention and control adopted in May 2005, sets out a strategic agenda for the next decade that is based on the efficient and rational use of existing resources to better respond to the needs of patients. The plan also serves as a model for strategies to fight other non-communicable diseases. In addition, the Lalla Salma Association has launched a national plan to fight tobacco use in schools, commercial entities and hospitals.

Morocco has also set up national programmes to prevent and control diabetes and cardiovascular, coronary and respiratory diseases, so as to reduce illness and mortality and improve quality of life for patients and their families.

Against the backdrop of the current difficult global economic situation, Morocco believes that we must coordinate our joint efforts to formulate a collective, coherent and efficient response to combating non-communicable diseases.

On this occasion, the Kingdom of Morocco would like to urge that consideration be given to the idea of establishing a voluntary, sustainable and permanent fund to combat non-communicable diseases and facilitate the implementation of the Political Declaration (resolution 66/2, annex) we have adopted at this meeting. The purpose of such a fund would be to assist developing countries burdened by high levels of non-communicable diseases in implementing the Declaration, including the commitments therein and other challenges.

In that regard, the Kingdom of Morocco reiterates its full readiness to continue to support the tireless efforts of the United Nations. We are prepared to cooperate with all international partners in responding to the challenge of preventing and tackling non-communicable diseases.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. James Reilly, Minister of Health of Ireland.

Mr. Reilly (Ireland): There is an old saying that your health is your wealth. In Ireland, we put it even more strongly. We say that your health is more important than your wealth. Health, to us, is better than wealth. That saying goes back many centuries; it is a proverb that touches on a global truth. Health is not just an individual issue, but an issue that affects the productivity and economic well-being of nations. This is only the second high-level United Nations meeting on health; and today's Political Declaration (resolution 66/2, annex) is a significant step to mandate action at the highest level.

Historically, the focus has been on infectious diseases. It is only relatively recently that we have come to appreciate the potential of non-communicable diseases (NCDs) to extinguish individual well-being and crush developing economies. When we look at increased longevity in nations such as Ireland, it is easy to attribute that achievement to medical science — easy, but wrong. More than half of those extra years have nothing to do with advances in medicine. They are due to improved living conditions, clean water and better nutrition.

While 50 per cent of the advances have been due to medical advances, a substantial chunk of those are due to vaccinations. The bottom line is that what we describe as interventive medicine has been much less important than is sometimes believed. It is safe to predict that the next great advance will be along similar lines — helping individuals make life-changing decisions about prevention and management. We must make the right thing to do the easy thing to do, because it is in all of our interests, within families, communities and nations.

That is why today is such a landmark step in the process of dealing with the creeping catastrophe of non-communicable diseases, which now account for nearly two of every three deaths per annum worldwide. Every year non-communicable diseases kill 9 million people under the age of 60. It is a major emerging health threat with enormous destructive potential for all countries, and for Ireland.

Our demographics mean that the level of non-communicable diseases such as cancer, heart disease, stroke, respiratory diseases, diabetes and mental health will certainly increase over the next few decades. In addition, the Irish health-care system as it stands simply will be unable to cope with what is coming down the tracks. We are setting out to radically reform the Irish health system so as to guarantee equal access to high-quality health care for everybody in my country. The new system will give access based upon need, not upon ability to pay.

While the first step in this journey is the provision of universal primary health care, a major shift towards greater emphasis on prevention is imperative. We all have a moral, social and economic duty to deal with this creeping catastrophe, especially in developing countries, where we see the most rapid rise in deaths from non-communicable diseases. Those least able to cope with the health demands and consequences of this pattern are suffering, and will suffer, the most.

Prevention is crucial. Approximately two thirds of the predicted disease burden is caused by risk factors that can, and must, be prevented. Prevention is always better than cure. But it is cure that gets the headlines and the investment. People at risk must be identified early, at the level of primary health care. They also need to be treated at that level as far as is possible.

Our guiding principle is to treat the patient at the lowest level of complexity that is safe, timely, efficient and as close to home as possible. Now we are coming to a quite different understanding. We are coming to a new understanding that in any one country, it is not the department of health within a Government that carries the sole responsibility for improving the health of a nation. The departments that are dealing with the environment, transport, education, the workplace and with children all have a huge contribution to make. While intra-governmental cooperation is necessary, today's meeting underscores the need for inter-Government cooperation, if we are to really tackle NCDs.

Ireland, for example, was a world leader in banning smoking in the workplace. That happened despite what seemed to be insurmountable opposition. Our workplaces, including theatres and public houses, changed. In due course, some of our non-communicable disease statistics will change as a result — not as a result of medical change, but of an environmental one.

Now we need to draw on the lessons of this success when we tackle alcohol misuse, poor diet and lack of physical exercise. At the end of this process, we must have a public health policy that supports and fortifies our capacity for early disease detection, risk assessment, mitigation and control. We have a lot of difficult choices to make, particularly when taking on the various interests that stand in our way. But the health of our people comes first — way before business interests. The threat of non-communicable diseases has the power to smother our social and economic life. The Political Declaration is a significant step in dealing with that threat.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Liow Tiong Lai, Minister of Health of Malaysia.

Mr. Liow (Malaysia): In our pursuit of economic development, we should not lose sight of our nations' health. Despite strong evidence of an ever-increasing burden of non-communicable diseases (NCDs) worldwide, our response has not been proportionate.

Malaysia is extremely encouraged by the leadership of the World Health Organization (WHO) in pushing the NCD agenda forward. Our meeting today marks an important milestone in our global efforts to strengthen NCD prevention and control. In December 2010, Malaysia began implementing a national strategic plan for non-communicable diseases. In order to support the whole-of-Government approach laid out in the strategic plan, a Cabinet committee was formed to promote a healthy environment, with representatives from 10 ministries and chaired by the Deputy Prime Minister. Malaysia sees this committee as a very important vehicle for furthering the policy and regulatory agenda, since responsibility for that agenda belongs chiefly to ministries other than the Ministry of Health. The outcome of the committee's first meeting, held on 4 April, was a commitment from the Ministry of Education to improve screening and intervention for obesity in schools.

The commitments on the prevention and control of NCDs to be made by the Heads of State tomorrow will be a strong advocacy tool that will be used in Malaysia to marshal the support of all related ministries and agencies in promoting the NCD agenda. Learning from the lessons of HIV/AIDS on the strong and positive role to be played by non-governmental organizations (NGOs), we will use the Malaysian Health Promotion Board to further develop and increase the capacity of related NGOs to play a more proactive role, particularly in community-based NCD risk-factor intervention. The lessons we have learned from global and national infectious disease outbreaks include the importance of having a preparedness plan, the need for cooperation and information-sharing between countries and global agencies, and taking advantage of institutional memory to adapt and modify methods that have been used successfully.

World leaders must act immediately and responsibly to deliver key changes in the Political Declaration (resolution 66/2, annex) adopted at this meeting. To that end, I agree wholeheartedly with Ms. Margaret Chan of WHO, who once said that which gets measured gets done. It is important to set clear, measurable and time-bound targets, and we propose that the indicators presented by WHO at its Global Forum and the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control in Moscow in April 2011 be incorporated into the Declaration.

The United Nations Political Declaration on HIV/AIDS (65/277) adopted in June also endorsed taking advantage of the important flexibility guaranteed by the World Trade Organization's (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) in order to ensure that trade does not violate patients' rights. While the promotion of international trade is important, especially within a rules-based trading system, WTO should provide flexibility, and to developing countries in particular. Malaysia does not want to see the introduction of new generic drugs obstructed and delayed because of various parties' conflicting interpretations of national TRIPS legislation and regulations.

With the growing numbers of people suffering from NCDs, many countries are faced with a huge challenge in the form of providing adequate access to the medicines essential to the management of these diseases. In Malaysia, where comprehensive health care is provided to the people, the use of generic drugs optimizes financial resources and ensures that all cases detected are treated. Malaysia will continue to strengthen the components of its health-care system by raising awareness and encouraging people to come forward for screening. Individuals identified as being at risk will receive early intervention to prevent diseases and their complications. Although screening will increase health spending, it is more cost-effective than treating diseases later on, when they have developed with complications. This conclusion is supported by the WHO projection that a 10 per cent increase in NCDs results in an annual drop in economic growth of 0.5 per cent.

Malaysia is committed at home and will show its commitment on this global stage in forging a framework from our collective agreements on NCDs.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Simon Power, Minister for Justice of New Zealand.

Mr. Power (New Zealand): Non-communicable diseases (NCDs) represent a major threat to the economy and health of populations in all countries. Death and disability from NCDs have reached epidemic proportions. They push poor people further into poverty. They impede the achievement of the Millennium Development Goals (MDGs). The World Economic Forum ranks NCDs as one of the top global threats to economic development, which is impeded by the imposition of an unmanageable burden on health systems.

New Zealand is confronting the magnitude of the problem not only for our own people, but also among our Pacific island country neighbours. More than 40 per cent of the adult population in some Pacific countries has diabetes. This is projected to double by 2030. NCDs are having a massive impact on those countries' potential for social and economic development.

New Zealand recently hosted the fortieth anniversary meeting of the Pacific Islands Forum, at which leaders expressed concern about the potentially devastating economic consequences of NCDs and their impact on MDG achievement when the region is already struggling to meet the 2015 targets. Rapidly rising expenditure on NCDs is now reaching well over 50 per cent of the total health budget of many island countries. If unabated, NCDs have the potential to undermine four of the main factors driving economic growth: labour supply, productivity, investment and education.

Leaders called for quick and decisive action to address this rapidly unfolding crisis from Governments, the private sector, civil society, regional and international organizations and development partners. New Zealand therefore welcomes the opportunity to focus attention on this regional and global crisis and to consider what can be done.

New Zealand supports the life-course approach to NCDs. This begins at conception. Prenatal malnutrition and low birth weight create a predisposition to obesity, heart disease and diabetes later in life. Improving care, especially primary health care, before and during pregnancy can reduce risk during a child's early and later life. Actively addressing the common risk factors at any stage of life can also reduce the risk of NCD-related illness and death.

NCDs are not just a health issue. They require a whole-of-Government approach and innovative strategies across such sectors as health, education, agriculture, the environment and economic development. In New Zealand, the combined efforts of academia, civil society and Government have, for example, supported multisectoral efforts to reduce harm from tobacco use. Our aim is to have an essentially smoke-free country by 2025. Substantially reducing tobacco consumption will significantly reduce NCDs, with considerable health benefits for individuals and countries. We urge countries that have not yet done so to become party to the World Health Organization Framework Convention on Tobacco Control.

New Zealand remains a consistent supporter of Pacific countries in their efforts to address NCDs, and a contributor to international research on NCDs. We know that the knowledge and expertise to prevent deaths and disabilities from NCDs exists. With this meeting, we now have the political commitment to those solutions. New Zealand stands ready to maintain the momentum generated by this meeting. Averting the NCD crisis is essential to ensuring that present and future generations have the chance to live long, healthy and productive lives.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Fatima AlBeloushi, Minister for Health of Bahrain.

Ms. AlBeloushi (Bahrain) (*spoke in Arabic*): It is the pleasure and honour of the Kingdom of Bahrain to participate in this High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs).

Over the decades, Bahrain has succeeded in eradicating many non-communicable diseases. It is thanks to prevention policies that we have been able to eliminate almost all childhood diseases through vaccination programmes that provide 100 per cent coverage against measles, mumps and rubella. The vaccination rate for polio and other childhood diseases has reached 96.4 per cent. We have succeeded in implementing the Millennium Development Goals on health. Child mortality was reduced to 7.2 per 100 births in 2009, and in the same year we had only six maternal deaths.

Like other countries, Bahrain monitors changes in NCDs. In 2010, 16 per cent of NCD deaths were due to cardiovascular diseases and 13 per cent to tumors. Increased national screening for 19- to 65-year-olds in 2007 has shown that 14.3 per cent of the population has diabetes. Those who suffer from high blood pressure account for 38.2 per cent of the population and from high cholesterol, 40.6 per cent. The overweight are 32.9 per cent of the population. Studies have shown that the percentage of smokers among those people in Bahrain is just over 19.9 per cent.

We are currently working on a new national screening programme for 2012 with a view to addressing the current situation with respect to NCDs. We have adopted the international prevention and control strategy and included it in our Government's list of priorities. We have established a plan of strategic objectives through 2030, which aims to preserve the nation's health by strengthening preventive measures and care.

We have three major initiatives under way. They are intended, first, to strengthen the health-care system via prevention, early screening and national policies for the fight against NCDs and chronic diseases, and also the promotion of healthier lifestyles. We have set up a council for strengthening health care, with the participation of municipalities and provinces. Our Council of Ministers has set up a national committee on the prevention of NCDs, with all concerned stakeholders participating.

With regard to risk factors, we have adopted empowerment policies with a view to stopping consumption of tobacco products. This is being carried out in conjunction with the World Health Organization Framework Convention on Tobacco Control. We have also taken measures to prohibit the advertising of tobacco in all media and have banned smoking in all closed places. We have also adopted a nationwide strategy on diet and physical exercise. We are establishing partnership initiatives across the country with municipalities and provinces and civil societies to fight NCDs.

We have also looked at and identified the needs of society in the area of the prevention and control of NCDs. We have set up 23 clinics and primary care services and early-screening centres across the Kingdom specializing in NCDs and chronic diseases. This is in addition to opening clinics for healthy people and their early screening.

In regional partnership initiatives, we are working with the regional office for the Middle East with a view to implementing a regional strategy on NCD prevention. We started working with our partners in the Gulf Cooperation Council last January with a view to developing a joint Gulf plan on the prevention of NCDs. All this is set out in the Manama Document adopted in 2011. It has seven strategic objectives and benchmarks, and the Gulf countries are implementing a mechanism for annual review and follow-up of those objectives.

The global scourge of non-communicable diseases is one of the main threats to development in the twenty-first century. NCDs have a harmful impact on the economies of many countries and hinder the implementation of the Millennium Development Goals. They do not affect only individuals and societies; they affect health-care systems more generally. Therefore, we would like to reiterate the importance of the content of the document adopted, as well as the importance of national Governments and their efforts to address NCDs and the importance of including relevant governmental and non-governmental stakeholders and sectors in the fight against NCDs. There is also an important regional and international role in the sharing of successful experience, enabling legislation and building capacity so as to arm ourselves with the requisite mechanisms for addressing NCDs.

If we are to succeed in our fight against non-communicable diseases, we need an evaluation and monitoring mechanism. Therefore we need to adopt an international framework for follow-up and evaluation based on an implementable set of regional, national and international benchmarks.

Finally, Bahrain wishes to reiterate its full support for the document adopted by the High-level Meeting (resolution 66/2, annex). Please be assured that we will work assiduously in all areas to fight against non-communicable diseases.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Talalelei Tuitama, Minister for Health of Samoa.

Mr. Tuitama (Samoa): I bring greetings to this Assembly from the Government and people of Samoa. Samoa congratulates the United Nations on the inclusion of non-communicable diseases (NCDs) in the agenda of its 2011 General Assembly. The evidence of the devastation caused by NCDs to human health worldwide is well documented. This can no longer be ignored as NCDs have a negative impact on development at all levels.

Small island countries like Samoa make up the Blue Continent in the South Pacific. The Blue Continent rises up from the vast blue ocean that surrounds us, which over the years has provided unlimited fishery resources that are beneficial to many countries of the world. Yet the small Pacific island countries themselves are challenged by limited opportunities and the increasing fragility and vulnerability of resources due to global economic crises and environmental degradation, which disrupt proactive efforts to promote and sustain good health, not to mention the huge efforts being made to manage and control NCDs.

Non-communicable diseases have reached a crisis level, heralding a major health and development emergency in our part of the world. For Samoa, it is our topmost health priority as it affects our population, including those in younger age groups, at an alarming rate. Twenty-three per cent of Samoan adults aged 25 years and older are diabetic, 21 per cent are hypertensive, and the percentage of the population that is obese, with its attendant health risks, stands at more than 50 per cent. The direct link between NCDs and the leading causes of morbidity and mortality in Samoa are therefore clear and undisputed.

Over the past two decades, Samoa has responded by putting legislation in place to minimize risk factors. Currently, we are finalizing the content of a 2011 food bill that will help control the incoming flow of cheap and non-nutritious junk food. We are consistently developing, implementing and reviewing relevant policies to help Samoa with lifestyle issues. We are doing the same with our NCD policy, which provides strategic direction for programmes to prevent, control, eliminate and minimize the devastation of NCDs and their related disabilities.

The Samoan Government has embarked on an integrated whole-of-country, one-health approach, premised on the principles of health promotion and primary health care, to dictate and give direction to our prevention programmes. Political support is strong, with the engagement of parliamentarians through a parliamentary advocacy group for healthy living that is chaired by the Speaker of the Legislative Assembly and whose members include Cabinet ministers and parliamentarians. Another high-level political group with the same focus is a women in leadership group advocating for health, which is led by women parliamentarians.

The high incidence of NCDs contributes to the vicious circle that impedes the ability of small island developing countries like Samoa to raise and sustain its levels of social and economic development. But we are determined to put our people's health at the centre of our trade and economic policies. We are committed to ensuring that the social determinants of health are central to all development efforts. After all, development is for the people and future generations, and not the other way around.

For many years now, we have continued to manage NCDs through diagnosis and treatment within the constraints of our health system and limited resources, which is becoming quite expensive and may soon become unsustainable. That is why the Government has pledged a stronger commitment to continuing to promote healthy living and health protection at the national level.

The year 2011, as the year of NCD advocacy, saw the launch a month ago of a bilateral initiative between Samoa and our sister country American Samoa. The outcome was a joint NCD prevention and control agreement to address the situation on our islands. The statement urges our two Governments to declare the current NCD epidemic a national health and development emergency. Continuing to strengthen health systems through health promotion and primary health care was identified as one of the critical areas to address immediately.

At the regional level, and in collaboration with the World Health Organization and the Secretariat for the Pacific Community, we are engaged in the implementation of regional programmes to control and minimize the devastation that NCDs wreaks on health and development in our Pacific island countries. Samoa collaborates with many Pacific island countries to revitalize the 1995 Ministerial Declaration on healthy islands, which translates into practical terms the settings approach for healthy lifestyles in communities, schools, marketplaces, workplaces and churches. These two approaches to health are for us both doable and affordable, given our limited resources. These approaches are multisectoral and help to increase the participation of everyone, including those outside the realm of the health sector.

The road ahead for us to reverse the NCD epidemic is arduously long, challenging and overwhelming. This is inevitable, as most of the social determinants responsible for the growth of NCDs in our country are outside the health sector's control or imposed on our country by exogenous factors. The incidence of NCDs is no longer just national, region-specific or a concern merely of the developing world. It is a global epidemic requiring global action. Piecemeal approaches are doomed to fail. Doing nothing will only aggravate the situation. We therefore call on the United Nations to recognize, support and help fight this epidemic.

Samoa supports the long-term vision of achieving the eight Millennium Development Goals, which will eventually eliminate global poverty. We strongly feel, however, that the Millennium Development Goals will not have fulfilled their purpose unless we recognize and address the threat posed by the NCD epidemic that is now killing over half of the world's population and thus perpetuating poverty.

The most vulnerable are the poor living in the developing and underdeveloped countries of the world. For the most part, they are the voiceless victims of industrial, trade and economic policies, which often fail to include health and well-being concerns and instead focus only on financial gain for a few at the cost of the early and painful deaths of many.

In conclusion, Samoa adds its voice to urge the United Nations to consider non-communicable diseases as included in Millennium Development Goal 6, where it refers to the reduction of diseases. With such enhanced emphasis and focus, the devastation of NCDs and the threat to our people will finally be recognized as one development issue that must be accurately streamlined into the social, political, cultural and economic development efforts of all nations.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Yakov Litzman, Minister for Health of Israel.

Mr. Litzman (Israel): The human race has made great strides in the past century. Life expectancy has doubled owing to miraculous medical achievements and the ability of our health systems to diminish the threat of infectious diseases. With this rise in life expectancy, our health systems are faced with a new challenge today: an alarming rise in non-communicable diseases (NCDs). Today, NCDs represent 80 per cent of the burden on global health services and 60 per cent of the global mortality rate.

NCDs are a global issue. Combating NCDs does not lie only within the jurisdiction of independent health ministries; it also demands collaboration within our countries, across different sectors. It requires the combined efforts of the private and public sectors and the active participation of civil society and the media. Finally, it requires significant collaboration between countries.

Like all countries in the world, Israel has felt the devastating pain of NCDs and wants to be a part of the solution.

Studies have shown that the morbidity and mortality of NCDs are not equal among all sectors of our society, which includes citizens from over 90 countries. Therefore, we must strive to provide the best possible service to all people within our society, be they Jews, Muslims or Christians.

The Government of Israel has enacted a number of policies to promote awareness of early detection and to find cures to diseases that currently have none. Israeli scientists have gained a reputation for their cancer research, which is widely shared in the international scientific literature.

My Ministry has introduced immunization against hepatitis B. That programme has helped to reduce the morbidity of the disease and diminish its deadly side effects, such as liver cancer. We have also introduced immunization against the human papilloma virus in girls and young women, which will reduce the morbidity of cervical cancer. More than 70 per cent of women aged 50 or over are screened for breast cancer, a disease that affects approximately one in eight women in Israel. New cutting-edge technologies for prevention, screening, diagnosis and treatment of NCDs have been added to the services provided by the National Health Insurance Law.

Israel's commitment to fighting NCDs is also reflected in its wide range of partnerships throughout the developing world. For example, MASHAV — Israel's agency for international development cooperation — and Insulin for Life Australia recently donated medical supplies to Tonga for the treatment of diabetes. MASHAV is also leading the fight against neglected tropical diseases in Ethiopia, where it is facilitating groundbreaking workshops on de-worming.

We must effectively deal with the causes of these diseases before we turn our sights towards their possible cures. We must galvanize the public behind this cause. We must promote better nutrition, educate our people about the effects of alcohol and tobacco use, and work to diminish environmental pollution.

As it is written in the Holy Bible, these commandments are not in heaven. God has given us the opportunity to lead our people, especially our young people, to better health. Investing in this cause and putting NCDs on the national and international agenda help to ensure a brighter future for all of us. Israel looks forward to working in collaboration with our neighbours and countries all over the globe on this crucial issue.

Allow me to end with an expression of hope and prayer. An Israel Defense Forces soldier, Gilad Shalit, kidnapped by terrorists, is being held by force in the Gaza Strip. Two weeks ago we marked his birthday, his fifth in captivity. Not a single person has been allowed to visit this boy for more than 1,900 days. Not his parents. Not a doctor. Not even the Red Cross. We are all responsible for the lives and well-being of our citizens. I issue a call from this Hall to all countries of the world: let Gilad Shalit go free! The international community must do all in its power to bring Gilad home.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sabyrbek Djumabekov, Minister for Health of Kyrgyzstan.

Mr. Djumabekov (Kyrgyzstan) (*spoke in Russian*): The Kyrgyz Republic welcomes the report of Secretary-General Ban Ki-moon on the prevention and control of non-communicable diseases (A/66/83).

We note with concern that in the Kyrgyz Republic, as in many countries, non-communicable diseases (NCDs) are the leading cause of morbidity and premature death among the population. Cardiovascular disease is the leading cause of death in Kyrgyzstan. There is a rising incidence of malignancies, which have become the third leading cause of death in the country. Moreover, since 2000, the incidence of type 2 diabetes in the Kyrgyz Republic has increased by 72 per cent. High blood pressure is one of the most widespread diseases in Kyrgyzstan. Epidemiological data show that more than 20 per cent of the country's population — more than one million people — suffer from hypertension.

Unfortunately, I must note that the Kyrgyz Republic is one of the countries in an unsatisfactory epidemiological situation as far as cancers are concerned. Recent population mortality data show that cancers are one of the leading causes and have a social and economic impact on society. In 2010, general mortality from cancer in the Republic was more than 50 per cent, while in the capital, Bishkek, it was 60 per cent.

We have studied the epidemiology of non-communicable diseases and their incidence among the working-age population. We are planning to conduct a joint comprehensive international epidemiological survey with the participation of foreign scientists from India, Kazakhstan and Russia.

Since 2009, we have taken a set of measures to improve the quality of oncology services, with emphasis on the early detection and prevention of malignancies. Among the most promising developments are the projects along the lines of the International Atomic Energy Agency.

The tobacco epidemic is spreading, especially among young people and women. According to the global survey on tobacco smoking, about 20 per cent of students in Kyrgyzstan from 13 to 15 years of age have already tried smoking, and half of them have become regular smokers. Given the high level of morbidity and mortality from respiratory diseases, a nationwide smoking-prevention programme has been set up through the mobilization of rural health committees. So as to prevent NCDs in Kyrgyzstan, specific efforts are under way to raise patients' awareness regarding primary and secondary prevention of cardiovascular diseases through the provision of booklets on measures to counter NCDs.

In view of the swift proliferation of NCDs, we have deemed it timely to implement, as a matter of priority, a comprehensive prevention programme and national strategies in the area of health care. It is hoped that these projects will have a significant impact on lifestyles and the spread of risk factors, leading to a lower incidence of cardiovascular and other diseases.

In order to ensure a comprehensive approach to the strengthening of the health-care system on the basis of primary medical care, there is a need to provide, at all levels, adequate training for medical personnel and to strengthen national capacities. In that connection, I call on all of our potential donor partners to increase their investment in measures aimed at the prevention of NCDs.

The Acting President (*spoke in French*): I now give the floor to The Honourable Leona Aglukkaq, Minister of Health of Canada.

Ms. Aglukkaq (Canada): The Government of Canada is concerned about the rising rates of chronic diseases, which are the leading causes of death in Canada.

The Political Declaration (resolution 66/2, annex) puts a priority on prevention; we have already done this in Canada. Last fall, Canada's health ministers endorsed a declaration on prevention and promotion. We are committed to promoting healthy living, preventing disease and reducing health disparities.

Individuals can make healthier choices in their everyday lives to reduce their risks, but we know that promoting good health is everyone's business. That is why solutions should involve a broad base of partners such as non-governmental organizations, all levels of Government and different sectors whose activities have a bearing on health.

Canada is taking action in many ways. We have created a strong environment favouring the reduction of smoking in Canada. Our results are impressive. Canada's smoking rate has dropped from 25 per cent in 1999 down to 17 per cent. That is a historic low for Canada.

Canada's federal, provincial and territorial Governments are concerned by the rising rates of overweight and obesity, particularly among Canada's children and youth. One in four children is affected; we must reverse the present trends. To help with this, we are looking to partner with organizations, including the media, to promote messages of healthy eating and living.

The Government of Canada also continues to make significant investments to address non-communicable diseases (NCDs) in our indigenous populations. We hope that we can share our experiences and learn from others to make meaningful progress.

In the area of mental illness, Canada is pleased that the language in the Political Declaration recognizes the linkages between mental and neurological disorders and NCDs.

The desire to alleviate human suffering is enough reason to increase our efforts to curb NCDs. However, they also cost the Canadian and global economies billions and billons of dollars every year. These are challenges that we in Canada will solve as a society and as part of the global community. Prevention must be the foundation for our action on NCDs, both domestically and internationally.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Anne-Grete Strøm-Erichsen, Minister of Health and Care Services of Norway.

Ms. Strøm-Erichsen (Norway): Prevention is key in the fight against non-communicable diseases (NCDs). We know that preventing chronic diseases is a great investment for the benefit of people and the economy. If we do it right, the prevention of NCDs will contribute to economic growth and reduce social inequalities in health within and between countries.

In order to prevent NCDs, national Governments must take the lead. Risk factors such as tobacco and obesity must be addressed, using policy instruments at the population level. National health systems must be strengthened. But an effective strategy does not rest with the health sector alone; cross-sectoral action is needed in order to respond effectively to the NCD challenge. We need active involvement on the part of the urban planning, finance, industry, trade, education, culture and agriculture sectors.

We need to pay close attention to different stakeholders' roles with regard to NCDs. That is why Norway has included two members of civil society in our delegation to this meeting.

We know from experience that setting targets and goals is useful in order to achieve progress. "What gets measured gets done", as many speakers have noted in their statements. In this regard, the World Health Organization (WHO) plays a leading role. Through WHO, we must develop targets, indicators and a monitoring framework for countries to apply in their national settings.

Reducing tobacco consumption is one of the most efficient measures to prevent NCDs. The tobacco industry has taken legal action against a number of parties to the WHO Framework Convention on Tobacco Control, including Norway. This is unacceptable. No party to the Convention should allow the tobacco industry to intimidate us in fulfilling our legal obligations to protect public health.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Philippe Courard, Secretary of State for Social Integration and the Fight against Poverty of Belgium.

Mr. Courard (Belgium) (*spoke in French*): Belgium would like to stress certain important factors in the framework of the combat against non-communicable diseases (NCDs).

Given the increasing attention paid to the issue of non-communicable diseases, we must begin to think in different ways about our health-care policies. That will not be just a matter of adapting health-care systems, but will involve taking health into account in all policies.

We deem it crucial to reflect on the future role of ministers of health in the management of the health-care sector. We must take a visionary approach and advocate for health where, unfortunately, it has not yet been taken into account. Health is not just a budget item but a proven and significant factor in promoting economic growth, even as it has its own particularities and values.

We should also remodel our health systems, where compartmentalization is increasingly problematic. Non-communicable diseases, which often require long-term care and better coordination among health professionals, represent a significant challenge to those systems.

Primary health care, including the family doctor, should have a central role. To that end, it is not a matter of specific new investments to tackle the problems. Rather, there should be an internal reorganization that relocates the comprehensive, multidisciplinary and long-term care for the patient to the primary health-care level. That will not only allow us to streamline care that is often dispersed throughout various different programmes, services and institutions, but will also assure the patient access to basic, quality care.

Political action should be guided by good practice and good policy with regard to those who are ill. This requires an integrated and societal approach that goes beyond the limits of health-care systems. Patients should be involved in the treatment of their diseases. We should commit to increasing the autonomy of patients so they can define their objectives, especially in cases of multimorbidity, where a narrow biomedical approach is no longer justified.

Inequalities in the field of health are also a major issue. We notice, for instance, that in the so-called rich countries, those most affected are the people with a low income. Chronic diseases, such as non-communicable diseases, are the main cause of health expenses, which are often difficult for patients to bear. For that reason, and in this time of financial crisis, we have to pay particular attention to that fact and make special efforts to fight those inequalities with regard to health. The health-care system should be a unifying factor and not a force for marginalization. The fight against inequalities should be a key element in all of our strategies in this context. We should assure ourselves that these policies contribute to the reduction of health inequalities.

We should focus on early, proactive and effective interventions, on secondary prevention, on access to affordable care, and on the implementation of new care models, particularly in the field of primary and community health care. I would therefore like to appeal to all countries to engage in the battle against non-communicable diseases and to formulate their own policies on the issue, centring them on the patient. The principle of "health in all policies" should be applied here. In other words, we should connect all parties involved, across all sectors.

It is important that we put in place initiatives in the field of prevention and innovative health care that bring an added value. Only global strategies that combine prevention, the patients' experience, the excellence of doctors, innovative research and the support of public authorities will allow us to mobilize an effective fight against non-communicable diseases.

The meeting rose at 6.25 p.m.

United Nations

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General Assembly
Sixty-sixth session

Official Records

5th plenary meeting
Monday, 19 September 2011, 6 p.m.
New York

President: Mr. Al-Nasser .... (Qatar)

In the absence of the President, Mr. Zinsou (Benin), Vice-President, took the Chair.

The meeting was called to order at 6.25 p.m.

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Agenda item 117 (*continued*)

Follow-up to the outcome of the Millennium Summit

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Maithripala Sirisena, Minister for Health of Sri Lanka.

Mr. Sirisena (Sri Lanka): I consider it an honour and a privilege to address this gathering on dealing with the prevention and control of non-communicable diseases (NCDs).

At present, Sri Lanka is in the process of rapid development in all fields. Four decades ago, our average life expectancy was about 40 years. Today, that has been almost doubled. This is due to our achievements in maternal and child health services and the prevention and control of communicable diseases.

We have a major challenge before us now: the rise of non-communicable diseases, some of which are reaching epidemic proportions. More than 60 per cent of deaths are due to non-communicable diseases. Many Sri Lankans die prematurely from heart diseases, diabetes, hypertension and strokes.

I would like to express my appreciation for the services rendered by the United Nations specialized agencies — especially the World Health Organization and its South-East Asia Regional Office and Country Office for Sri Lanka, and the World Bank — and the Japan International Cooperation Agency for their advice, support and cooperation in controlling these diseases.

We have committed ourselves to prevent and control non-communicable diseases by formulating a national NCD policy, creating a separate Non-communicable Disease Control Unit within the Ministry of Health and appointing qualified NCD medical officers for each district. The Sri Lankan Government has allocated sufficient annual grants specifically to control non-communicable diseases.

I take this opportunity to request the General Assembly to establish a global fund to prevent and control non-communicable diseases. I consider the United Nations to be the apex body that can provide support to prevent and control non-communicable diseases in Sri Lanka. I also take this opportunity to thank the international community for assisting to rebuild Sri Lanka. We need that continued support.

With the political commitment and the priority given to NCD prevention and control, we are confident that Sri Lanka can be a lead country in the region in implementing an effective nationwide NCD programme. Our policy objective is to reduce premature mortality due to chronic NCDs by 2 per cent every year for the next ten years.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room U-506. Corrections will be issued after the end of the session in a consolidated corrigendum.

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The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Arturo Bendaña, Minister for Health of Honduras.

Mr. Bendaña (Honduras) (*spoke in Spanish*): I am happy to extend warmest greetings to the Assembly on behalf of the Government of the Republic of Honduras, led by President Porfirio Lobo Sosa, at today's meeting on a subject of the utmost importance.

My country has followed this process from the outset, conscious of and steadfast in our commitment to support, together with all Member States, the proposals contained in the Declaration of this High-level Meeting (resolution 66/2, annex), including, inter alia, health, education and welfare. But above all, it enables us to fight the epidemic of overweight and obesity.

Statistics show that the current chief causes of death worldwide are chronic diseases, among them myocardial infarction, stroke, diabetes and chronic obstructive lung disease. In Honduras in particular, 47 per cent of women are overweight or obese. National studies conducted in 2010 concerning death in women of reproductive age show that the main causes are external injuries and cancer. Another public health problem is chronic kidney disease, which is increasing every year, principally due to diabetes and hypertension. Our institution is therefore in the process of setting up a histocompatibility testing laboratory.

Similarly, we have made necessary changes in our organizational structures, establishing strategic alliances designed to tackle the prevention and control of risk factors such as overweight, obesity, alcohol abuse and tobacco use. Among other efforts, Congress has enacted and we have implemented a national law on tobacco use. Since the act's adoption, in Honduras smoking in any enclosed space, including bars and discothèques, has been banned. Tobacco advertising is prohibited and health warning labels on packaging are compulsory. We are also working hard to ensure that the law is observed nationwide.

At present, we are formulating national standards for controlling and preventing chronic non-communicable diseases (NCDs), using as a framework the four diseases and four risk factors cited in the Ministerial Declaration following the high-level consultation on obesity held in Mexico City in February. However, we have also established national standards for maternal and neonatal care, which require body-mass index records as well as testing for hypertension, diabetes, cardiopathy and anaemia.

The epidemiological burden and estimated direct costs that such pathologies represent impose a high strain on the health system of the region in terms of specialized care, hospitalization, medicines, medical supplies and equipment, disabilities and premature death. We should also remember that such burdens continue to raise costs for households and thus in turn result in greater poverty.

For Governments, implementing prevention is a challenge and halting the epidemic will not be easy. We will have to overcome obstacles and rely on the support of the industrial and business sectors. We recognize this problem at the regional level, addressing it across the board through the Council of Central American Ministers of Health and the Central American and Dominican Republic Health Sector Summit, with the support of the Technical Commission for Chronic Non-communicable Diseases and Cancer, based on the Declaration of Mexico and Guatemala.

Since participating in the Mexico summit, I have requested the support of my country's President and First Lady in dealing with this issue through every Government department. Adopting the Political Declaration (resolution 66/2, annex) adopted at this meeting will prepare present and future generations to adopt healthy lifestyles and behaviour.

We must not forget that non-communicable diseases and their risk factors are closely linked to achievement of the Millennium Development Goals, such as eradicating extreme poverty and hunger; reducing child and maternal mortality; combating HIV/AIDS, malaria and tuberculosis and other serious diseases; and promoting international cooperation.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Slaheddine Sellami, Minister for Health of Tunisia.

Mr. Sellami (Tunisia) (*spoke in Arabic*): Allow me to begin by offering my appreciation and gratitude to Secretary-General Ban Ki-moon, who has spared no effort in organizing this meeting, which gives concrete form to international hopes to establish an effective strategy for combating non-communicable diseases (NCDs).

I would also like to proudly emphasize the fact that this meeting is being held at the same time as we are witnessing the Arab Spring, which has helped to promote solidarity among the peoples of the world in their determination to apply all their potential to improving the prosperity and dignity of humankind. Tunisia reaffirms the importance of the resolutions adopted by various sessions of the General Assembly and the World Health Organization (WHO), as well as the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. Tunisia fully endorses that document and is committed to working for its implementation at the national level.

In addition, Tunisia is aware of the importance of the lofty objectives of this meeting and calls for affirming people's right to health at all political and institutional levels. In order to achieve this, we must work transparently to meet our peoples' social and economic needs, particularly where health is concerned.

In Tunisia as in many other brotherly and friendly countries, we are going through very heady but promising transitional times. The international community should not just stand by and watch, but should support us through the speedy implementation of short- and long-term programmes and measures to help us realize the aspirations of our peoples.

In our country as in others around the world, NCDs are a widespread health problem. Numerous studies have shown that they are proliferating rapidly, as are the concomitant dangers. Tunisia welcomes the convening of this meeting and the establishment of an integrated and coordinated plan to prevent and control NCDS.

We stress the need for prevention and monitoring, which make it possible at least to delay the onset of NCDs and their symptoms by changing eating habits and lifestyles. I would also like to emphasize that Tunisia has adopted and implemented the WHO's recommendations in this regard, including in its food and sport strategies and campaigns against cancer and diabetes. We have thus acquired a great deal of experience that we are happy to share with brotherly and friendly countries.

The establishment of a multilateral network for preventing and controlling NCDs is extremely important, and we are investigating how best to promote such a network through Government organizations and civil society. Containing this major problem calls for mobilizing human and material resources within the health-care system, particularly in terms of medications and evaluation of the socio-economic impact of NCDs, while simultaneously working towards early prevention of such risk factors as tobacco consumption, poor nutrition, lack of physical activity and unhealthy lifestyles among children.

Tunisia takes this opportunity to appeal to all developed countries and donors to take steps and adopt mechanisms that will allow us to respond to the needs created by the current political social and economic changes and to achieve comprehensive sustainable development.

In conclusion, I wish this meeting every success and welcome the adoption of the Political Declaration (resolution 66/2).

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Enrique Ona, Secretary of the Department of Health of the Philippines.

Mr. Ona (Philippines): In recent years, the Philippines has noted the global emergence of non-communicable diseases (NCDs) as a major threat to public health alongside the unresolved issue of infectious diseases.

The health profile of our country has changed considerably, given the increase in life expectancy, rapid urbanization and lifestyle trends. Current data shows tnat the leading causes of morbidity and mortality are communicable and non-communicable diseases. Among the 10 leading causes of mortality, seven are non-communicable diseases, such as diseases of the heart, diseases of the vascular system, malignant neoplasm, accidents, diabetes mellitus and renal disease. As to the leading causes of morbidity, hypertension is fourth and diseases of the heart seventh.

The chronic care and lifelong treatment, as well as the catastrophic costs associated with interventions for acute attacks and complications, have become a source of great economic burden and inequity among our population. We likewise recognize that injuries, accidents and mental health disorders are additional burdens that require parallel attention. We note that non-communicable diseases have also been specifically linked to risk factors such as tobacco use, unhealthy diet and physical inactivity, among others. These risk factors can all be modified, thus making these diseases and the resulting premature deaths highly preventable.

The Philippines is fully committed to addressing the issues of lifestyle-related non-communicable diseases. The country's health reform agenda of universal health care works on three fronts to achieve financial risk protection for all, improve access to quality health services, and focus on attaining our Millennium Development Goals (MDGs) through our MDGmax campaign, which includes non-communicable diseases.

Financial risk protection is being increased through rapid expansion of the national health insurance programme using national subsidies to enrol the poor. Benefit delivery is being improved through case rate schemes that ensure zero co-payment for the poor for 22 of the most common medical and surgical procedures, including packages for radiotherapy, hysterectomy, mastectomy, thyroidectomy, essential hypertension and cardiovascular accidents. Access to quality hospitals and health-care facilities is being improved through the upgrading of the infrastructure and equipment of all our health facilities throughout the country.

The Department of Health's complete treatment packs for hypertension and diabetes are being provided at the lowest cost, so as to give the poor access to a month's complete supply of their maintenance drugs. MDGmax incorporates a focus on NCDs, along with the health-related MDGs. Community health teams are being fielded to visit all families in the country, in particular those belonging to the two poorest quintiles of our population, to provide key health services and health messages, including those for a healthy lifestyle.

Recently, the country formulated a framework focusing on strengthening the prevention and control of lifestyle-related non-communicable diseases anchored on the following strategies: adoption of an integrated, comprehensive and community-based response to combat chronic lifestyle NCDs; intensified health promotion strategies and secondary prevention directed at the reduction of risk factors to prevent morbidity and mortality; and, lastly, a multi-stakeholder approach to strengthening systems to provide an enabling environment for the adoption of a healthy lifestyle.

The country strongly supports the call for action to strengthen the prevention and control of chronic lifestyle related non-communicable diseases. Programmes and strategies addressing the common modifiable risk factors of these diseases, such as tobacco use, physical inactivity, unhealthy diet, stress and alcohol use, have been instituted. Smoke-free environments are promoted through such activities as the annual Red Orchid Award to local Governments and Government offices. Priority legislation is restructuring the sin taxes to deter youth from smoking. Continuing implementation of the Clean Air Act is being pursued.

We need to take measures to foster production of food crops and products consistent with a healthy diet and to promote the regulation of food through appropriate labelling standards. We need to expand our disease registries for NCDs and establish more extensive surveillance systems that capture all the data needed to track and manage NCD morbidity and mortality, its risk factors, and the capacity of the health system to address NCDs.

The urgent need to combat this growing menace is borne out by data and experience. The key ideas, targets, indicators and strategies to bring the health sector closer to the outcomes sought regarding NCDs have been established. This enormous task will engage our efforts in the long run and require reforms to build health systems that can tackle the peculiarities of preventive measures and chronic care that NCDs require. Information across teams of professionals tackling NCD co-morbidities, access to lifelong health services, and multisectoral partnerships for health promotion are just some of the challenges health systems face in seeking successful outcomes. Let us commit ourselves to winning, and to starting now.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Charles Sigoto, Minister for Health and Medical Services of the Solomon Islands.

Mr. Sigoto (Solomon Islands): I thank you, Sir, for giving me the floor to make a statement at this very important meeting. The prevalence of non-communicable diseases (NCDs) in the Pacific has reached epidemic level, claiming six out of 10 lives. The huge costs associated with NCDs have placed great stress on our limited health resources. This development is already undermining Solomon Islands' social and economic development and creating pockets of poverty around the country.

Addressing NCDs calls for a national and global system-wide approach. Based on current statistics, 80 per cent of NCD deaths occur in the developing world. NCDs are thus regarded as a development issue as well.

Solomon Islands is located in a disaster-prone region. The impact of climate change has brought an increased frequency of droughts and floods, sea-level rise and loss of biodiversity, triggering food and water insecurity. These disasters have pushed portions of our population from their traditional ancestral lands to urban centres, where they rely ever more on imported food. These populations in particular become more vulnerable to NCDs.

For Solomon Islands, time is of the essence. We are one generation away from reaching the tipping point, when managing NCDs will become a challenge. Prevention remains the cornerstone of our policy. We have therefore put in place our NCD Strategic Plan 2011-2015. Like any other developing country, we will need increased, predicable and sustained external resources. In the short to medium term, official development assistance remains the lifeblood of our national programme.

I say this against a background in which any NCD programme, to be successful, will need to include national primary health coverage for a population scattered across a chain of more than 900 islands stretching 1,800 km. This will need political, practical and financial investments.

I am pleased to say that my country is in the midst of developing a new strategy of moving health resources and services to the rural areas, where 85 per cent of the population reside. There is currently a huge disparity in health services between rural and urban populations in Solomon Islands, and we are working to correct that. We will be encouraging partner countries to invest more in the health services in the informal sector.

Work has already started, using a sector-wide approach with our development partners, including the Australian Government Overseas Aid Program, the Japan International Cooperation Agency, Taiwan, the Secretariat of the Pacific Community, the World Bank and United Nations agencies such as the World Health Organization, UNICEF and the United Nations Population Fund. However, much more needs to be done, and we look forward to a collaborative effort spearheaded by the Ministry of Health and other central agencies and line ministries in an integrated manner.

Thirdly, there needs to be a global effort to guarantee access to affordable, safe and effective quality medicine, including diagnostic services matched with skilled manpower to deliver such services. Too often NCD-affected populations are reluctant to get tested, as usually there is only limited treatment available. We must ensure that everyone receives adequate treatment, since we have sufficient finance and medication to turn things around.

My delegation regrets the emphasis on market concepts in the NCD outcome document (resolution 66/2, annex). For many people in developing countries this is a social justice issue — it is a human right that everyone should enjoy the highest attainable standard of physical and mental health, especially when many of us have narrow-base economies and operate on the periphery of the international system.

Managing the inherent risks of NCDs cannot succeed as a standalone policy but must be embedded within a multisectoral, cost-effective, population-wide intervention. We are a least-developed country. The Istanbul Programme of Action, once implemented, will call for simple investment in smallholder farmers, allowing our populations to shift from slash-and-burn techniques to commercial agriculture. We need technology and infrastructure to establish food banks and phase out environmentally unfriendly and destructive economic operations such as logging.

My delegation would like to acknowledge the Republic of China, Taiwan, for the life-saving assistance it has provided to my country. Taiwan has not only constructed our national referral hospital but continues to provide teams of visiting specialist doctors who perform life-saving surgery, especially for the growing number of the people who have fallen through the cracks of NCD-prevention campaigns. We wish to acknowledge their Observer status at the World Health Assembly over the last there years. We would like to see a similar reception accorded to Taiwan in other United Nations specialized and treaty bodies, including the International Civil Aviation Organization and the United Nations Framework Convention on Climate Change.

The recent Pacific Health Ministers' meeting held in our capital, Honiara, concluded with a communiqué declaring that NCDs are now an epidemic and a crisis in the Pacific. This was further endorsed by the Pacific Island Forum leaders in Auckland, New Zealand. We therefore look forward to and anticipate a positive outcome from these two days of meetings. There has to be a global commitment to supporting and further strengthening the regional position and plans that have been made by our leaders in both Honiara and Auckland.

Solomon Islands has invested in South-South cooperation to combat NCDs. We have today sent 72 students to study medicine on this side of the world, and we are hoping to send an additional 15 this year. We remain grateful to the Cuban Government for its offer of assistance. Support given by Cuba complements investment we have in students studying in Papua New Guinea and Fiji. We also are grateful to our two Pacific neighbours.

Let me close by stating that there is a tendency to say the right thing in such high-level meetings but to fail to walk the talk when we leave New York. We all know what needs to be done, but we continue to lack the political will to do the right thing. We pray this will not the case following this High-level Meeting. We can only urge everyone here that, whatever commitment made here, let us act on it with haste, as lives depend on it and are at stake.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sambuu Lambaa, Minister for Health of Mongolia.

Mr. Lambaa (Mongolia) (*spoke in Mongol; English text provided by the delegation*): It is of the utmost significance that the General Assembly has decided to convene a High-level Meeting on the Prevention and Control of Non-communicable Diseases, as the number of people affected by such diseases is increasing rapidly due to urbanization and lifestyle factors such as diet and nutrition, physical activity, alcohol and tobacco use.

Non-communicable diseases (NCDs) are the leading causes of morbidity and mortality among the adult Mongolian population. Over the past 10 years in Mongolia, as in other countries in our region, heart disease and cancer have been the leading causes of death and represent the majority of adult deaths.

I would like to take this opportunity to thank the United Nations for the ongoing technical and financial support provided to the Government of Mongolia by the World Health Organization for the prevention and control of non-communicable diseases. This assistance has served to advance our national programme and integrate international best practices for disease prevention and control.

In 2008, my Government entered into a compact with the Millennium Challenge Account, which included $339.1 million for a health project on the prevention and control of NCDs and road traffic injuries. This national project has greatly accelerated the pace of introduction of internationally recognized prevention, early detection and case management services, and public education and training for Mongolian professionals.

The Government of Mongolia is proud that it has significantly increased its contribution to public education on NCD risk factors through excise taxes on tobacco and alcohol. These taxes have generated resources for a health promotion fund to reduce rates of smoking and alcohol abuse. As a result of these and other combined measures, the pace of deaths caused by the most common non-communicable diseases has levelled off and early detection of these diseases has improved.

Despite these achievements, tobacco use — one of the most common risk factors contributing to NCDs — is rising among key target populations, including mothers and youth. This has serious implications for our country and the health of future generations. In addition, alcohol consumption and substance abuse have increased among youth and is now a major factor contributing to accidents, road traffic injuries, crime, violence and unemployment. Studies have shown that alcohol abuse is also associated with poverty in Mongolia.

From this rostrum, I would therefore like to take this opportunity to draw the attention of representatives attending this High-level Meeting to the following important matters. My Government stresses the importance of developing and endorsing an international convention on alcohol control, similar to the WHO Framework Convention on Tobacco Control, to guide the combined efforts of the international community. My Government stands fully committed to cooperating on this initiative.

In conclusion, I would like to reiterate Mongolia's firm commitment to the Action Plan for the

Global Strategy for the Prevention and Control of Non-communicable Diseases adopted by the World Health Assembly, and to assure the Assembly that my Government stands fully committed to adopting and implementing the Political Declaration adopted by this High-level Meeting (resolution 66/2, annex).

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Onyebuchi Chukwu, Minister of Health of the Federal Republic of Nigeria.

Mr. Chukwu (Nigeria): I will read out a statement by Mr. Goodluck Ebele Jonathan, President of the Federal Republic of Nigeria.

> "I join other representatives in congratulating the President of the General Assembly on convening this very important meeting on non-communicable diseases (NCDs). I would also like to commend the Secretary-General for his detailed report (A/66/83). This has provided insight into the challenges that lie ahead and motivated the world to action. I am honoured to be part of history as the world tackles this matter of great concern to the global community, Africa and my own country, Nigeria.
>
> "We all know that non-communicable diseases are a spectrum of diseases, usually chronic in nature, typically non-contagious or non-infectious and causing long-term debilitation and disability. They are a major killer and are responsible for 60 per cent of global deaths, with 82 per cent of this burden occurring in low- and middle-income countries. This is further compounded by their co-morbidity with communicable diseases, and together they pose serious and increasing challenges to the health systems in developing countries.
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> "This increasing prevalence is threatening to erode all the gains we have made in the fight against communicable diseases. The major NCDs ravaging our populations include cardiovascular diseases, diabetes mellitus, cancers, chronic respiratory diseases hemoglobulinopathies, especially sickle cell disease, mental health disorders, road traffic injuries, violence, with morbidity varying from country to country.
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> "Among the known hemoglobulinopathies, the one peculiar to us is sickle cell disease. More than 20 per cent of our population 15 years of age and above have the sickle cell trait. Every year, an estimated 150,000 babies are born with sickle cell disorder. One sure way of eliminating sickle cell disease is by genetic counselling and screening. However, those who already have the disorder must be taken care of because they have the right to life, and we have taken the following steps.
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> "At the national level, hospitals have sickle cell units and a national sickle cell centre was established in Lagos. Recently, having recognized the challenge that sickle cell disorder and its attendant stigma poses to the attainment of Millennium Development Goals 3, 4, 5 and 6 and to further strengthen what we are doing, the Government established four new special centres for the control and management of the disease. We have plans to expand this and to include research aimed at improving the lives of people affected by this and other NCDs.
>
> "Today, 8 million Nigerians are hypertensive, while 4.8 million are living with diabetes mellitus. Each year, 100,000 new cases of cancer are diagnosed in Nigeria and the burden of chronic respiratory diseases, many of them tobacco-related, is similarly heavy.
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> "I am happy that trauma and injuries from road traffic accidents have been included in the NCDs agenda. While a significant proportion of our population die from both communicable and non-communicable diseases, an equally significant proportion who were healthy are being killed by road traffic accidents. Annually, 10,000 Nigerians die from road traffic accidents. It is therefore pleasing to note that the United Nations Decade of Action for Road Safety is bringing attention to this issue. We should use the opportunity of the declaration to address all the factors that contribute to road traffic accidents.
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> "There is a need to pay greater attention to the issue of mental health. This aspect of health has largely been neglected, as only one-fifth of those affected receive treatment. The world should support these efforts at this meeting.
>
> "Malnutrition has been identified as a factor for most of the NCDs. Poor nutrition has continued to remain an issue in Nigeria and the

rest of Africa, affecting children and adults alike. Worldwide patronage of fast food and refined food establishments has led to excessive intake of salt and refined sugar. Of interest is the high caloric intake resulting from these sugars, promoting overweightness and obesity.

"Women and children are considered to be a high-risk group in the development of nutritional disorders. Micronutrient deficiencies during pregnancy predispose babies to the development of anaemia, low birth weight and congenital malformations. Childhood malnutrition has an effect on the mental and physical development of children later in life. In Nigeria, we are dealing with these issues through a deliberate policy of fortification of certain foods, such as salt, with iodine and milk and bread with vitamins.

"The consequences of NCDs are poor health and serious economic loss. For instance, heart disease, stroke and diabetes alone cost my country an estimated $800 million annually, which is expected to rise to $7.6 billion cumulatively by 2015. This is an unacceptable economic loss. It is my hope that this meeting will come out with global commitments that will strengthen the international resolve ultimately and drastically to reduce the burden of NCDs.

"We in Nigeria are doing our best to meet the challenge that non-communicable diseases pose to our health, our livelihood and our progress. Indeed, the development and prioritizing of the health sector through the implementation of a national strategic care development plan is a critical part of my Government's transformation agenda. The national health plan is structured as a vehicle for action at all levels of the health-care delivery system, including the achievement of the Millennium Development Goals and other national, regional and international health goals and priorities.

"NCDs are not only controllable — that is the good news — but they are also preventable. So Nigeria, realizing the threat of NCDs, has decided to take major steps to respond to this epidemic. We have developed a national policy on NCDs. We have also banned advertisements and the use of tobacco products in public places since 1990. Our federal capital, Abuja, has led the way and is a tobacco-free city. We have also signed and ratified the World Health Organization Framework (WHO) Convention on Tobacco Control. The process of domestication of the WHO treaty is ongoing, and the National Assembly has recently passed the National Tobacco Control Bill.

"The challenge of human resources in health, including adequate funding, screening and the provision of diagnosis and treatment infrastructure for NCDs are all militating against the process of achieving appreciable progress in combating NCDs. The global community's fight against NCDs requires considerable effort in tackling major non-communicable diseases in developing countries, which bear 80 per cent of the burden.

"I want to take this opportunity to acknowledge the contributions of our partners, both international and local, in the areas of the prevention and control of NCDs in my country, and Africa as a whole. I also want to use this forum to again thank the Secretary-General for convening the High-level Meeting on AIDS last June, whose purpose was to review progress with a view to guiding and intensifying the global response to HIV/AIDS. That meeting provided us with the opportunity to renew our commitments and promote continued political will and engagement to lead us in a comprehensive response to halt and reverse the HIV epidemic and mitigate its impact.

"Let me remind everyone here that the point that we are making is that we must not take our eyes off of communicable diseases such as HIV/AIDS and malaria. The gains have been tremendous and they must be sustained. I want Member States to consider the promotion of health and life and the control of NCDs as a global developmental objective. I also want to invite Member States, through the United Nations, to incorporate combating NCDs as an important component of Millennium Development Goal 6.

"Finally, let me take this opportunity to call for more urgent and concerted efforts at the global level, in the true spirit of partnership, to contain the scourge of non-communicable diseases."

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sredoje Nović, Minister for Civil Affairs of Bosnia and Herzegovina.

Mr. Nović (Bosnia and Herzegovina) (*spoke in Bosnian; English text provided by the delegation*): It is my great pleasure and honour to address the General Assembly on behalf of the Council of Ministers of Bosnia and Herzegovina and my country's health authorities in order to briefly inform members about activities undertaken by Bosnia and Herzegovina to prevent and control non-communicable diseases (NCDs).

Health, a complex process, is ever changing and is affected by numerous external influences, including factors in the physical, social and biological environments. Health care is not a matter for the individual alone, but for the wider community. Bosnia and Herzegovina has therefore opted for a multisectoral approach involving organized teamwork. Improving health requires ensuring basic preconditions — concerning peace, protection, education, food, income, a stable economic system, sustainable funding, social justice and equity. That is an important political objective of every country, including Bosnia and Herzegovina.

The world population's health — especially in the countries of Central and Eastern Europe, including Bosnia and Herzegovina — is undergoing a process of significant transition. The health transition in Bosnia and Herzegovina has been driven by changes in the socio-political system and is reflected in the declining birth rate, the increase in the percentage of the population aged over 65, the overall structure of the population, an increase in mortality rates and changes in morbidity patterns.

Non-communicable diseases are the leading cause of death in Bosnia and Herzegovina and other countries in South-East Europe. Showing concern for equity and addressing the social determinants of non-communicable diseases require a whole-of-society response. This is closely linked to efforts to integrate health in all policies and public health efforts to promote health and prevent disease and promote individualized health care that combines prevention, control and management.

Bosnia and Herzegovina expresses its gratitude to United Nations agencies for their ongoing efforts to prioritize the fight against non-communicable diseases. Moreover, as the country chairing the South-Eastern Europe Health Network, Bosnia and Herzegovina expresses its appreciation to the United Nations and the World Health Organization (WHO), and in particular the WHO Regional Office for Europe, for supporting the implementation of various South-Eastern Europe Health Network activities.

I would like to take this opportunity to inform the Assembly that, on the occasion of the celebration of the Decade of Alliance for Public Health in South-Eastern Europe, the WHO Regional Office for Europe, the Council of Europe, the Council of Europe Development Bank, the Regional Cooperation Council and the South-Eastern Europe Health Network, in cooperation with health authorities in Bosnia and Herzegovina, will organize the third Health Ministers Forum on the theme "Health in all policies in South-Eastern Europe: A shared goal and responsibility", with the special participation of policymakers in South-East Europe from other governmental sectors and of the Regional Cooperation Council partners in South-East Europe. The Forum will be held in Banja Luka, Republika Srpska, Bosnia and Herzegovina, on 13 and 14 October.

The Forum is a milestone as a regional initiative within a larger process of improving health in South-East Europe in the context of the WHO Regional Office for Europe strategy, the Stability Pact for South-Eastern Europe and the future integration of the countries of South-East Europe into the European Union. The Forum is a part of a joint action plan of WHO and the Council of Europe for the countries of South-East Europe, namely, Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Republic of Moldova, Montenegro, Romania, Serbia and the former Yugoslav Republic of Macedonia.

The Forum, which marks a decade of concerted action in South-East Europe, will focus on European efforts at achieving equity and accountability in health, in line with major European resolutions, charters and declarations, treaties, frameworks and action plans, as well as the new WHO European health policy, Health 2020. The main purpose of the Forum is to introduce the values, priority areas and actions of Health 2020, including a health-in-all-policies approach, with the goal of achieving better health, equity and accountability. That will lead to a renewed subregional commitment to public health in the countries of South-East Europe, which will sign the Banja Luka pledge. Two background documents are in preparation, on the themes "Health in all policies in South-Eastern Europe" and "Prevention and control of non-communicable diseases in South-Eastern Europe".

Bearing all of this in mind, as well as the fact that a significant increase in non-communicable chronic diseases in the past few decades throughout the world, including in Bosnia and Herzegovina, poses one of the major health challenges to the overall global and social development of society, Bosnia and Herzegovina strongly supports the synergy among existing global health institutions. Bosnia and Herzegovina will therefore work on establishing a collaborative network, in close cooperation with WHO and in consultation with other international organizations in the field of health, so as to support the full and effective implementation of international conventions and strategies in the field of health. We will also work to develop and coordinate our own policies in order to achieve the best possible results.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Narayan Kaji Shrestha, Deputy-Prime Minister and Minister for Foreign Affairs of Nepal.

Mr. Shrestha (Nepal): I would like to begin by extending my sincere appreciation to the President for organizing this High-level Meeting on the Prevention and Control of Non-communicable Diseases. This is a historic opportunity for world leaders to express commitments and agree on concrete actions at the global level in the fight against non-communicable diseases (NCDs).

Non-communicable diseases are a global problem, and Nepal is not immune to them. In fact, Nepal suffers from the double burden of these diseases — communicable and non-communicable. Taking this issue as a priority, Nepal has already made significant progress in terms of assessing the situation of NCDs in Nepal and formulating policies to address them. Nepal's national NCD risk factor survey of 2008 showed that one in three Nepali adults uses tobacco and drinks alcohol on a regular basis, which is a matter of great concern. As in other countries, consumption of junk food and lack of physical exercise is increasing in the urban areas. Environmental pollution also contributes to a high risk of NCDs in Nepal.

Considering all these factors, Nepal is continuously working to improve the laws and policies on the control of NCDs. The Alcohol Control Act, the Tobacco Control and Regulation Act and the Food Act are already under implementation. The Tobacco Control and Regulation Act bans the sale of cigarettes to children under the age of 18 and to pregnant women, and prohibits smoking in public places. The Nepal health sector programme implementation plan for the next five years also focuses on NCDs as an important component.

We are also trying to set up a surveillance system for NCDs by incorporating NCD data in health-management information systems. We created a health tax fund in 1996 that currently generates about $6 million; it is used to support the prevention and control of NCDs and for treating cancers. As we all know, cancer treatment is expensive and beyond the means of poor people. The Government of Nepal is providing financial support of up to 50,000 rupees to people below the poverty line for cancer treatment. We also provide free cancer treatment to children. It is difficult to sustain funding for such expensive treatments, and Nepal is exploring various options for health-care financing and social health protection.

Nepal believes that interventions targeted at modifying known risk factors are very effective and efficient in reducing the burden of NCDs. Cessation of smoking or alcohol use during pregnancy also has an immediate positive impact on foetal outcome, thus contributing to improved maternal and newborn health. Prevention of NCDs will minimize catastrophic health expenditures at the household level and will also lead to increased productivity.

The vicious circle of NCDs and poverty is more evident in the low-income countries. The increased threat of NCDs disproportionately affects the least developed countries, constraining their efforts to achieve the Millennium Development Goals. This ultimately undermines global efforts to reduce poverty.

The least developed countries are in urgent need of the development of national capacities, particularly in the areas of funding, governance, health information, the development of a health workforce and its retention, medical technologies and essential medicines, as outlined in the Global Strategy for the

Prevention and Control of Non-communicable Diseases. International support and cooperation in the area of research and development should help promote easy access to essential medicines, vaccines and medical technologies.

The Government of Nepal is working in close partnership with donors, the World Health Organization and other United Nations agencies, development banks and national and international organizations through a sector-wide approach to health. That approach has proved very effective in enabling us to achieve progress towards the Millennium Development Goals, especially Goals 4 and 5. This High-level Meeting has brought together all stakeholders, not just the ministries of health, in order to create a common understanding of the problems surrounding NCDs. I am confident that working together, we will be able to address the challenges more effectively. It is time for us to scale up our support for the implementation of our common vision.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Annette Widmann-Mauz, Parliamentary State Secretary at the Federal Ministry of Health of Germany.

Ms. Widmann-Mauz (Germany): It is a great honour for me to address the General Assembly today at this historic High-level Meeting on non-communicable diseases (NCDs). NCDs are among the leading causes of both death and disability worldwide. Unless we take bold action within the next decade, NCDs will become the most common cause of death in even the poorest countries of the world.

The burden of disease creates not only individual suffering but also an economic loss that threatens future growth and prosperity. Again, this is likely to affect emerging economies the most. We are therefore grateful that the international community has come together to express its will to intensify the fight against NCDs.

We already know a great deal about what we should do. The more affluent Member States have already had to face the growing challenges resulting from NCDs over the past decades. For many years now, Germany has put a strong focus on the prevention and control of NCDs. We are convinced that the main focus has to be on prevention. In that context, an integrated approach is required that focuses on population-based, non-disease-specific measures to make it easier for people to adopt healthier lifestyles. Crucially, every individual has to contribute.

At the international level, Germany has actively supported the World Health Organization (WHO) and its lead on action against NCDs. The WHO, as all here are aware, has set out a strategic approach in the fight against NCDs and has already developed powerful instruments to reduce exposure to the main risk factors. These include the WHO Framework Convention on Tobacco Control, the Global Strategy to Reduce the Harmful Use of Alcohol and the Global Strategy on Diet, Physical Activity and Health. Of course, we also have the WHO Global Strategy and an agreed Action Plan on the prevention and control of NCDs.

The general response to NCDs includes the establishment of binding norms to involve important actors. For example, efforts are under way to improve labour conditions, environmental quality and human rights. Germany has been at the forefront of such efforts, and thus was well placed to integrate public health awareness into advocacy for the further promotion of such norms.

Key elements of this policy are also part of Germany's international development cooperation policy, which includes a focus on prevention and the underlying social determinants of health and which emphasizes the strengthening of health-care systems and the establishment of social protection mechanisms. There is still a long way to go, and it will not be easy. But I am convinced that with intensified international and intersectoral collaboration, we will be successful.

Allow me to conclude by expressing my profound hope that the adoption of the Political Declaration (resolution 66/2, annex) will trigger coordinated efforts globally, with a sustained impact on NCDs worldwide.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Rudyard Spencer, Minister of Health of Jamaica.

Mr. Spencer (Jamaica): This unprecedented summit obliges all of us to focus on a grave and increasing challenge to Jamaica, the Caribbean region and the entire global community. It is clear that the global burden and attendant threat of non-communicable diseases (NCDs) constitute one of the major challenges to development in the twenty-first century. As reported by the World Health Organization, the increase in incidence of such diseases worldwide suggests that they are now responsible for more deaths than all other causes combined. NCDs are the world's number one killer and devastate poor as well as rich countries alike. Therefore, responding to NCDs is a moral, social and economic imperative.

It is therefore fitting that, in response to the leadership of the States members of the Caribbean Community, global attention has been accorded to the rising epidemic of NCDs at the highest level. On behalf of my Government, I express our appreciation to all Member States for working together in the spirit of partnership and for making this vision a reality.

As a Jamaican, I am proud to congratulate Ambassador Wolfe of Jamaica who, along with Ambassador Lucas of Luxembourg, served as a co-facilitator and guided the negotiations that culminated in the consensus document which we have adopted (resolution 66/2, annex). I also take the opportunity to express appreciation for the words of commendation conveyed by the President of the General Assembly and other speakers to both co-facilitators.

As the first comprehensive statement by Heads of State and Government at the global level of their commitment to address NCDs, the Declaration provides a good platform for the ongoing consideration by the General Assembly of the development and other impacts of NCDs. However, we are disappointed that the Declaration does not advocate more decisive action so that together we could save millions of the 52 million lives projected to be lost by 2030. Having recognized that there is a global threat which must be addressed urgently, the Declaration fails to commit the international community to ensuring increased and sustained resources to achieve this goal.

Although NCDs are a global challenge, they strike hardest at the developing world and lower-income populations. Strong evidence links poverty, lack of education and other determinants to NCDs and their risk factors. The epidemic creates a vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty results in rising rates of NCDs. There is also a clear link between the incidence of NCDs and the achievement of the Millennium Development Goals. Clearly, addressing NCDs comprehensively will help to eliminate poverty and create a more equitable world.

Notwithstanding our disappointment with the shortcomings of the Declaration, we have achieved some gains. We emphasize the need to scale up the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common NCD risk factors. We believe that that must include health promotion and primary prevention approaches, galvanizing actions for the prevention and control of NCDs, and integrating NCD policies and programmes into health planning processes as well as the development agenda.

Jamaica commits to those measures in the Declaration aimed at saving lives in the short term and at creating a healthy society which will assist in preventing NCDs in the future. These include the commitment to eliminating unhealthy industrial trans-fats in foods and the acknowledgment of the importance of all measures to reduce the consumption of tobacco. Our Government will continue to strive to increase access to affordable, safe, effective and quality-assured medicines and to improve access to palliative and rehabilitative services, particularly at the community level.

Issues at the macro-level which must occupy global attention, include the at-risk youth population, the potential for NCDs to increase poverty, the impact of NCDs on productivity and by extension gross domestic product growth, and the multiplicity of complications associated with NCDs and their impact on health systems. Importantly, the challenge posed by NCDs necessitates the full use of the flexibilities of the Agreement on the Trade-Related Aspects of Intellectual Property Rights (TRIPS), in accordance with the Doha Declaration on the TRIPS Agreement and Public Health. The use of such flexibilities is central to efforts to address NCDs, particularly cancer. NCDs fall squarely within the context of the provisions of TRIPS and Doha. As a compromise package in the negotiations, this relationship was not expressed explicitly in the Declaration, but needs to be reaffirmed in clear and unequivocal terms.

We believe that this High-level Meeting must result in a global consensus on a strengthened commitment to urgent action on NCDs and attendant risk factors. We urge the General Assembly to continue to take an active role in the response of Member States to this epidemic. Victory in this struggle demands the concerted effort of each and every member of the global community. To do nothing is not an option.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Ihab Fawzi, Deputy Minister for Foreign Affairs of Egypt.

Mr. Fawzi (Egypt) (*spoke in Arabic*): Egypt attaches great importance to this High-level Meeting as a first step by the General Assembly to mobilize the political support and efforts of the international community to prevent and combat the spread of non-communicable diseases (NCDs). Egypt aligns itself fully with the statement delivered by the Chairman of the Group of 77 and China.

The spread of NCDs represents one of the main challenges to achieving all the Millennium Development Goals by 2015. During the past few years, a number of Member States have taken concrete and serious national steps to address the spread of NCDs at the national level, with the support of the international community.

The global threat and spread of NCDs constitute major challenges to development in our century, especially as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes are responsible for two-thirds of deaths worldwide, 80 per cent of which occur in developing countries.

Alarming facts such as those necessitate a unified stand and effort on behalf of the members of the international community towards ensuring that the right of everyone to the highest attainable standards of mental and physical health are realized. This ongoing challenge requires national ownership to deal with the issues practically and effectively through a comprehensive, equitable and nationally owned framework in order to ensure that all people suffering from these diseases have access to effective prevention, treatment and care by the year 2030.

This endeavour requires special attention to strengthening the national capacities of Member States, developing countries, and especially African countries, taking into account the specificities of the communities and societies of each State and enhancing the abilities of every community to implement national awareness campaigns to address harmful and unhealthy lifestyles. That will require a considerable increase in international financial resources and assistance to help and strengthen national, institutional and human resource capacities and the provision of new and affordable medicines and technologies.

Egypt believes in the importance of strengthening international and regional capacities to combat the spread of NCDs and to provide appropriate assistance, including in the form of sharing successful experiences and lessons learned, in collaboration with the United Nations, the World Health Organization, and relevant international and regional bodies.

The international community has a special responsibility not only to work to provide the financial resources needed to bridge the financing gap for implementing NCDs-related programmes, but also to find radical solutions to the problems of trade-related intellectual property, especially as regards medicines, vaccines and diagnostics technologies. All of this must ensure that treatment is provided at affordable prices, particularly in developing countries, where the increased burden on individuals, families and communities, including impoverishment from long-term treatment and care costs, results in loss of productivity at the individual and family levels, threatening household incomes and leading to productivity loss at the national level, making NCDs a contributing factor to the spread of poverty and hunger.

These efforts should be complemented by an efficient rationalization of assistance directed towards supporting national, local and community level interventions, and strengthening the role of the family and civil society in combating the spread of NCDs, especially as regards the tobacco, medical and food and beverages industries, which have a shared responsibility to contribute to the promotion of healthy lifestyles, including by reducing tobacco consumption and promoting healthy and nutritional products.

Furthermore, the international community has an obligation to eradicate the root causes of the spread of such diseases, including by addressing the negative consequences of climate change, pollution and the economic and social challenges that increase the vulnerability of populations and societies to these diseases, especially in developing countries.

Today we emphasize our sincere determination to combat the spread of NCDs and affirm our firm political will and strong commitment to the principle of national ownership of all prevention, treatment, and care programmes; to strengthening international cooperation and assistance, without conditionality, in order to maximize our benefits; to enhancing our efforts to address the nationally identified determinants of NCDs, in accordance with the specificities of each Member State and community, so as to realize our common goals and objectives; to intensifying international cooperation through a comprehensive review and assessment of the progress achieved and the use of modern technology at affordable prices in order to achieve the objectives of the Political Declaration (resolution 66/2, annex); to stepping up international cooperation through a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of NCDs.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Thérèse N'Diri-Yoman, Minister for Health and Fight Against HIV of Côte d'Ivoire.

Ms. N'Diri-Yoman (Côte d'Ivoire) (*spoke in French*): It is an honour to take the floor during this High-level Meeting on non-communicable diseases (NCDs) before this Assembly. On behalf of the President of the Republic of Côte d'Ivoire, His Excellency Mr. Alassane Ouattara, I would like to convey to all international entities of the United Nations system the gratitude and recognition of the people and Government of Côte d'Ivoire for their commitment to settling the post-electoral crisis and in the process of re-establishing the peace and stability that are so crucial to economic development and social progress in our country.

The importance of the subject that brings us together today is reflected in the frightening global statistics on NCDs. Indeed, according to the World Health Organization (WHO), 11 years after the adoption of the Global Strategy for the Prevention and Control of NCDs, 36 million people die each year from such afflictions. In developing countries, the picture is more discouraging. Ninety per cent of premature deaths are due to NCDs among people under 60 years of age.

The health system in Côte d'Ivoire, which normally dedicates the bulk of its internal and external resources to combating infectious diseases, has been weakened by the crisis. Unfortunately, this post-crisis context has gone hand in hand with an increasing NCD burden. According to the cancer register of Abdijan published in 2000, 2,815 new cases of cancer were recorded in the city of Abdijan alone, with cancer among women, as well as primary liver and prostate cancers, leading the list. Among children, prevalency rates were at 37.6 cases of cancer, with a predominance of lymphomas. Among metabolic diseases, in 2008 the prevalence of hypertension among adults over 25 years old was 33.4 per cent, and stood at 6.2 per cent for diabetes. For the same year, roughly 33 per cent of deaths in Côte d'Ivoire were due to NCDs, and 87 per cent of those cases affected people under 60 years old.

In Côte d'Ivoire, for women, 59 per cent of deaths are due to maternal or perinatal infection and malnutrition. There has been a spike in mental health pathologies during the recent crisis, as well as asthma and sickle-cell anaemia, for which an increase in doctor visits has also been registered.

Given this genuine problem for development, Côte d'Ivoire has increased its efforts by implementing national programmes to address specific public health concerns, such as nutrition, the fight against tobacco and alcohol addiction, and the effort to counter metabolic diseases such as hypertension, diabetes and obesity. Those programmes are intended to intensify prevention and improve medical care for these grave chronic diseases so as to capitalize on prior gains, such as the prioritization of chronic NCDs as a public policy concern in the national health development programme for 2009-2013, the financial commitment of the State via budget allocations to preventing and combating NCDs, the monitoring of risk factors according to the STEPS approach of the WHO, and tracking morbidity tied to diabetes and high blood pressure.

Additional goals focus on prevention and promoting health among the general public, with an emphasis on primary prevention and promoting healthy life styles and low-risk behaviours, strengthening infrastructure with the recent opening of a fourth kidney dialysis centre in the country's interior, subsidizing anti-cancer and insulin therapy, and treating cardiovascular diseases whose care requires equipment. My country has also broadened its support structures beyond its traditional institutional partners to include, inter alia, non-governmental organizations, the West African Health Organization, the African Union, patient organizations and the private sector.

Despite the difficult economic situation of Côte d'Ivoire, on 16 April the President of the Republic adopted an exceptional measure that waives the cost of all health services provided by public, semi-public and registered community establishments. Those services include doctor and clinic visits, medications, surgical procedures, hospitalizations, birthing services and free caesarean procedures.

With respect to non-communicable diseases, on 11 August the Government of Côte d'Ivoire adopted a combined policy and action plan for 2011-2014 aimed at the prevention and treatment of NCDs, based on principles, strategies and methods to promote health. The comprehensive plan, involving all activities and ministerial departments that are dealing with non-communicable diseases, demonstrates our resolve to move forward and clearly indicates the actions necessary over the next for years.

With respect to strengthening prevention measures, promoting health and countering non-communicable diseases, the Government of Côte d'Ivoire would like to offer several proposals that could be extended to all. Those include support for the implementation of the 2011-2014 comprehensive plan for the prevention and control of non-communicable diseases; for the specialized training of Ivorian doctors in appropriate care methods for those suffering from chronic non-communicable diseases; for the creation of a radiotherapy unit; support for the combat against non-communicable diseases in low- and middle-income countries via a trust fund funded essentially through standard taxation of the production and sale of tobacco and alcohol.

In conclusion, Côte d'Ivoire reiterates its heartfelt gratitude for the unfailing support of the General Assembly in improving the country's health system. We thank the Secretary-General for convening this historic meeting. Côte d'Ivoire takes the opportunity to again commend the remarkable international solidarity of this meeting, because, as Mother Teresa said, the greatest suffering is to feel alone, unloved and abandoned by all.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Basile Ikouebe, Minister of Foreign Affairs and Cooperation of the Congo.

Mr. Ikouebe (Congo) (*spoke in French*): The Republic of the Congo is pleased to participate in the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. We see the emergence of non-communicable diseases as an additional burden to be added to the scourge of communicable and tropical diseases that go unnoticed, as well as those addressed by Millennium Development Goals 4, 5 and 6. Indeed, the epidemiological data has revealed the increasing role of non-communicable diseases in the morbidity and mortality of adults.

This is also true of hypertension, which in the Congo stands at 32.5 per cent. Given its related complications, this disease has become the first cause of death among adults, in particular by resulting in stroke. Two out of three Congolese over 55 years of age suffer from that disease. It is distinguished by its early appearance, affecting 20 per cent of adults between 25 and 34 years of age. The national rate of diabetes is 7 per cent, representing a silent epidemic given the lack of systematic screening.

Since 2009, however, the Government has been carrying out a strategy of minimum care packages in all primary health care centres and all health districts. Thus, at the operational level, the Government is improving delivery and access to care for patients with diabetes and the training of health professionals in this sector, with more efficient mobilization of logistical resources and improved health education on diabetes and other risk factors related to stroke.

With respect to sickle-cell anaemia, which is very common in the Congo, the heterozygote form has a 25 per cent prevalence rate. It is important to welcome here the commitment of the first ladies of Africa, whose high-level mobilization efforts have made this blood disease a medical priority. Also, based on the Congo's initiative, the General Assembly declared 19 June of each year World Sickle-Cell Anaemia Awareness Day.

The cancer registry in Brazzaville records on average 90 new cases each year. The most frequent cancers are those of the prostate, breast, liver and cervix. The burden of morbidity and mortality attributed to those diseases is growing year by year, and the Congo is making it a priority of its new health sector development plan for 2012-2016. Our strategic plan and integrated policy to counter non-communicable diseases are being drafted and will be finalized based on the guidelines of the World Health Organization (WHO).

During the regional consultation on the prevention and control of non-communicable diseases held in Brazzaville from 4 to 6 April, the African Ministers of Health adopted the Brazzaville Declaration, which outlines the shared position of the States members of the WHO African Region.

For the Congo, as is the case everywhere, health is at the heart of the concept of human development and an essential component of the poverty reduction strategy. The Government's health policy is based on the principles of equity, accessibility, decentralization and community participation.

Lastly, I reiterate the support of my delegation for the Political Declaration just adopted (resolution 66/2, annex) and hope that the issue of non-communicable diseases, which is so important, will be included among the development goals.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Ghulam Nabi Azad, Minister for Health and Family Welfare of India.

Mr. Azad (India): At the outset, allow me to congratulate the United Nations on convening this High-level Meeting on the extremely important and topical issue of non-communicable diseases (NCDs). These have emerged as a leading cause of illness, disability and death and pose a mounting challenge to health-care practitioners, administrators and policymakers worldwide.

As far as India is concerned, we are faced with the triple burden of communicable diseases, new and re-emerging infections and an increasing incidence of non-communicable diseases. More than half of all deaths are now attributable to non-communicable diseases. However, we must recognize that conditions such as mental and neurological disorders also require special attention.

As India's Minister for Health, I am privileged to be here, and I believe that such a massive global effort will be very useful in sensitizing policymakers at the highest levels to the need to allocate sufficient resources to combat NCDs.

We are conscious of the fact that NCDs are not only a health issue but also a development issue, as they impact productivity and impoverish the society due to high health expenditures.

The Government of India has launched a national programme for prevention and control of cancer, diabetes, cardiovascular diseases and stroke and the national programme for health care for the elderly. This has been taken up for implementation as a pilot project covering a population of 150 million in 100 inaccessible and most backward districts during the current financial year, 2011-2012, at a cost of $275 million. As I speak here today, screening for diabetes and hypertension is being carried out in those 100 districts in 21 states and in urban slums in 33 cities with a population of more than 1 million. Our target is to screen about 150 million people by 2012 under this pilot project. I believe this would be the largest such exercise attempted anywhere in the world. I am happy to state that this programme will be rolled out in the entire country in April 2012.

Our commitment to tobacco control remains firm. India was one of the initial countries to sign and ratify the Framework Convention on Tobacco Control. We have passed a very comprehensive Tobacco Products Control law, which bans smoking in public places, the sale of tobacco products to those below 18 years of age and the direct or indirect advertisement of tobacco products

India's technology innovations have led to affordable health care not only for our population but also for many other countries in the world. We must therefore address the issue of trade barriers, which restrict access to affordable and newly developed medicines. It is vital to ensure universal access to medicines, including the full use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, Including Trade in Counterfeit Goods (TRIPS) and the Doha Declaration on the TRIPS Agreement and Public Health.

This meeting provides us an historic opportunity to reaffirm our commitments in terms of both financial and human resources for combating NCDs. We need to make concrete commitments on sharing global resources, technical expertise and best practices to build capacity to combat NCDs.

In conclusion, let me reaffirm India's strong commitment to the outcome document and our firm resolve to prevent and combat NCDs by improving accessibility to and affordability of health care in a concerted and more collaborative manner.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Amenta Matthew, Minister for Health of the Marshall Islands.

Ms. Matthew (Marshall Islands): It is a distinct honour and pleasure for me to convey, on behalf of His Excellency President Jurelang Zedkaia and the people of the Republic of the Marshall Islands, our warmest "yokwe" greetings to the President, the Secretary-

General, heads of State and other delegates at this important global meeting.

As a Pacific small island developing State, the Marshall Islands is particularly burdened by non-communicable diseases (NCDs), given our unique geographical characteristics and constraints. NCDs were among the issues highlighted during the meeting of Pacific Island Ministers for Health, held in June in the Solomon Islands, and in the resulting Honiara Communiqué on the Pacific Non-communicable Diseases Crisis. This Communiqué has been affirmed in this month's statement from the Pacific Island Forum leaders. It signifies leadership for a strengthened and coordinated regional and global response to this crisis.

NCDs in the Pacific region, including the Marshall Islands, are mainly caused by lifestyle changes and are now becoming a serious epidemic. The Marshall Islands is urgently mobilizing to address this crisis through strong and appropriate steps that recognize the true emergency facing us. Our priorities include diabetes, as the Pacific is experiencing one of the highest prevalence rates in the world, and cancer, our leading cause of death, as well as contributing factors including alcoholism, obesity and smoking. These lifestyle-related NCDs are brought about by some issues that we can more readily address, including exercise and a healthier diet, and by underlying contributors such as poverty, unemployment and inequality.

Our low-lying atoll nation faces unique challenges in addressing food security. The global community must improve understanding of these crucial interlinkages. Given the prohibitive costs of NCD treatment and care, our vulnerable households are often caught in a cycle of debt, impoverishment and illness, resulting in barriers to education and entering the work force. That compounds the hurdles to achieving basic development goals.

Our Ministry of Health is already allocating substantial resources to treating NCDs — a clearly unsustainable trend that is likely to worsen in the future if nothing is done. The Marshall Islands, like other Pacific Island nations, faces capacity limitations in human and financial resources for addressing NCDs. However, we are guided by a handful of success stories such as our Wellness Center, which encourages healthy diets instead of medication.

The Republic of the Marshall Islands is fully committed to rapid implementation of the Healthy Islands Action Plan, which intensifies the use of preventive interventions. We stand behind the regional commitment made by the Pacific Island Forum leaders.

To provide the appropriate level of attention to this crisis, the United Nations and its Member States should now consider several key principles. First is that addressing NCDs will contribute greatly to our overall development goals, including the Millennium Development Goals. Secondly, the NCD crisis requires a coordinated global response, with stronger leadership at national, regional and international levels. Thirdly, national, multisectoral responses to NCDs are cost-saving and effective in addressing both NCDs and their underlying factors. Finally, the success of this High-level Meeting depends on sustained action and accountability.

The Marshall Islands continues to forge closer working relationships across all sectors and with regional and international partners to address NCDs. The Marshall Islands strongly supports the positive step and precedent set in 2009 by the World Health Organization in inviting Taiwan to participate as an observer in the World Health Assembly. Taiwan's valuable participation in that Assembly has significantly strengthened the global health network and deserves recognition at this Meeting. Such effective participation should be expanded, as the international community stands to gain.

The Republic of China on Taiwan is a primary partner in addressing NCDs, including through medical mobile missions in our local hospitals, donations of medical supplies and, most significantly, the treatment of cataract patients with diabetes. That important progress — and our gratitude — must not be overlooked.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Fatim Badjie, Minister of Health and Social Welfare of Gambia.

Ms. Badjie (Gambia): The Gambia is deeply concerned about the unprecedented rise of non-communicable disease (NCD) morbidity and mortality across the globe. I am very much convinced that NCDs thrive on rapid changes in our lifestyles, wherever we may be. By cutting down on tobacco use and alcohol abuse and being mindful of unhealthy diets and insufficient physical activity, as well as by putting in place mechanisms for prevention, such as cancer screening and HVP vaccines for adolescents, and for management and treatment of NCDs such as hypertension and diabetes, experts have said that millions of lives can be saved globally each year.

The Gambia believes that the risk factors I mentioned are beyond the individual and cannot be addressed except through global unity and action, together with country-specific initiatives. Hence, the timeliness and importance of this is Meeting cannot be overemphasized.

Responding to the NCD challenges, I am pleased to state that the Gambia has taken the following initiatives. Mindful of the need to protect non-smokers, the Gambia legislated against public smoking through the enactment in 1998 of the Prohibition of Smoking (Public Places) Act. To reduce demand on tobacco consumption, the Gambia banned tobacco advertisement in the mass media through the 2003 Ban on Tobacco Advertisement Act. The Gambia also unconditionally ratified the World Health Organization (WHO) Framework Convention on Tobacco Control in 2007. Currently, in collaboration with the local WHO office, the Gambia plans to develop a national tobacco control strategy.

Mindful of unhealthy diets, the Government of the Gambia, through a back-to-the-land initiative, is promoting the cultivation and consumption of home-grown foods. The initiative has generated interest among the Gambian populace and has generally improved food security in the communities.

As we take stock of the global challenges of NCDs, I wish to remind the Assembly that here is an urgent need to commit more efforts and resources to addressing the determinants of NCDs within and across countries. There is a need to facilitate coordinated action within and among countries in sharing experiences and best practices on NCD prevention and control. We need to strengthen our health systems to effectively respond to the wide and growing challenges posed by NCDs.

Responding to that need, the Gambia is at this very moment finalizing a five-year integrated policy and action plan for NCD prevention and control The Ministry of Health and Social Welfare is also in the process of establishing a health promotion directorate that will also house an NCD division. The policy and creation of the directorate are intended to give the strategic push needed to address the promotion of health and the prevention of NCDs as members of the same family.

In conclusion, I think the time has come for the world to act fast and to translate the known scientific evidence on NCDs into realistic and concrete actions at all levels. We in the Gambia remain committed to this cause, and we are optimistic that the world, working together, can stem the unprecedented rise in NCDs. I therefore thank our international partners for their invaluable support in the prevention and management of communicable diseases over the past years, and for taking up NCDs more seriously.

The Acting President (*spoke in French*): I now give the floor to His Excellency, Mr. Alberto Tejada, Minister of Health of Peru.

Mr. Tejada (Peru) (*spoke in Spanish*): Non-communicable diseases, also known as lifestyle diseases, are a serious problem throughout the world. Today, far more people are affected by them in medium-income and poor countries. In addition to the cost in human pain from early deaths and disability, there are catastrophic costs for families and nations that perpetuate the cycle of poverty, undermining their development and well-being.

Non-communicable diseases are not an accident of our biology or an unforeseeable flaw in our genes. Rather, they represent an epidemic caused by environmental, technological and economic change that we have created by following a model of consumption that harms human health and the environment.

Still, there is good news. Today we know far more about how to prevent and treat such diseases. That is where our focus should be — on prevention. We need to move away from the dangers of excess weight, junk food, tobacco, alcohol abuse, sedentary lifestyles and poverty. President Ollanta Humala Tasso's Administration encourages and promotes socially inclusive development. We must focus on education and on developing public policies to make it easier for the whole population to lead healthy lives. Our current efforts on tobacco and alcohol offer a valuable example, but in diet and exercise we must find more effective measures.

We suggest the following. We need to protect local traditional cuisines that use whole, natural foods and that are central to the identities of communities. We must limit the increasingly widespread advertising of processed junk food directed at all segments of the population. The World Health Assembly alerted us to that danger in its 2010 meeting, especially in regard to children. Schools must actively promote physical education and good nutrition and teach new generations better eating habits. We must improve production and the low-cost availability of natural food in order to encourage its widespread consumption. We also think junk food should be taxed, as tobacco is. No less important, we must encourage breastfeeding during the first six months of life, and enforce the laws about commercial substitutes.

We also believe that public policies should encourage physical activity and recreation, providing workplace spaces and safe, healthy outdoor spaces for that purpose. We need to enlarge our network of community health centres. Lastly, we must not neglect the sick, especially the poor, and we must grant them access to adequate care. I therefore assert the commitment of the Government of Peru to a policy of universal access to insurance coverage and medicines for all. In this, we lean on the principles of the World Trade Organization Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, of November 2011.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Luis Estruch Rancaño, Vice-Minister of Public Health of Cuba.

Mr. Rancaño (Cuba) (*spoke in Spanish*): Cuba appreciates the efforts made by the General Assembly, which 10 years ago first confronted the public health challenge of the AIDS epidemic. We are now focusing on a second issue of world importance — non-communicable diseases (NCDs). Cuba has participated over the past two years in the World Health Assembly meetings in Geneva and its regional ministerial summit conferences in Mexico and Russia. A general consensus has been reached on how to confront these difficulties confronting humankind.

Cuba faced a period when it had to deal with infectious diseases and high child mortality rates, a process that required the country's social transformation. We have achieved a child mortality rate of 4.5 per 1,000, with a rate of 6.3 per cent for children under five and a general life expectancy of 78 years.

Currently, 7 per cent of deaths are caused by infectious diseases and 67 per cent by NCDs. We have sought to conduct rigorous epidemiological monitoring for risk factors. As a result, tobacco consumption has fallen from 38 to 23 per cent in 10 years, while the incidence of obesity and hypertension pressure has increased. We have instituted awareness programmes to help reduce salt and sugar consumption, though in itself that is not enough to deal with the current situation with NCDs.

Today our country is tackling this epidemic in 10 main areas. We are strengthening primary health care. Cuba has free medical care accessible to all, and we are reforming our approach with greater attention to awareness and prevention. We are improving care for children and women, particularly regarding the issues under discussion. We have implemented a multisectoral approach with other ministries to the areas of promoting sport and reducing tobacco and alcohol consumption. Our improved social communication programme has helped us to raise awareness of risks and promote lifestyle changes. We are preparing new laws for adoption by the central Government, and working with every sector of civil society — including women, children, young people and farmers — seeking to have greater impact on risk awareness and behaviour.

We are also attempting to promote health in more practical ways. We produce 80 per cent of the medicines we need, but we are also seeking the cooperation of the food industry in order to reduce salt, sugar and trans-fats in its products. The Council of Ministers is currently working on a strategy for 2011 to 2015 to improve intersectoral strategies on risk factors.

Today, the global economic crisis, the growing effects of climate change and food insecurity, and the dangers of war and natural disasters are putting poor countries in a worse position to address the complex challenges presented by NCDs. In its 50 years of dealing with the American blockade and operating under the same challenges that we have discussed in the Assembly in the past, we call for joint scientific approaches and the sharing of lessons learned between all countries, and for continued international solidarity. For instance, more than 200,000 Cubans have offered their medical services abroad and trained human resource personnel in more than 78 countries. No country in the world is free of the fatal and economically unsustainable effects of NCDs, but if we all work together pursuing clear policies, we can work to combat them.

The Acting President (*spoke in French*): I now give the floor to Mr. Mahmoud Fikri, Under-Secretary for Health Policy Affairs of the United Arab Emirates.

Mr. Fikri (United Arab Emirates) (*spoke in Arabic*): I am honoured to address the General Assembly on behalf of the Gulf Cooperation Council (GCC). At the outset, I would like to offer the President our thanks and appreciation for convening this important meeting, and to the Secretary-General for his report on this subject (A/66/83), whose recommendations we support.

Non-communicable diseases (NCDs) unquestionably represent a huge economic, social and health burden. They hinder global economic development and challenge national and international efforts towards reaching the Millennium Development Goals. The GCC therefore emphasizes the importance of prioritizing the issue of NCDs in our development programmes.

Our national, regional and international efforts should focus on providing financial support for NCD prevention and control programmes. Governments should undertake to combat these diseases at the national level. The GCC countries are keen to forge cooperative alliances and partnerships with the international community in providing assistance to developing and poor countries in supporting their development and health-care programmes.

The changes that have taken place in GCC countries due to population growth, the high cost of living, including lifestyle changes, and shifts in disease patterns have led to an enormous increase in the prevalence of cardiovascular disease, diabetes and respiratory and other chronic diseases. Of the region's health problems overall, 45 per cent are attributable to NCDs, and that figure is projected to reach 60 per cent by 2020. Diabetes and cardiovascular and arterial disease are the major killers in the GCC countries.

The health and economic burdens of NCDs are thus increasing, which has led our Governments to take swift action to control and combat them. Over the past four years, the Council of Health Ministers of the GCC countries, which with coordinates and develops common statements and declarations on health, has adopted a number of significant decisions, recommendations and documents, such as the Riyadh Declaration on Diabetes Economics; the Al-Manama Declaration on the Economics of Cardiovascular Diseases; the Jeddah Declaration on Care of Diabetic Patients; and the Dubai Declaration on Diabetes and Chronic Non-Communicable Diseases in the Middle East and North Africa (MENA) Region. In addition, we also instituted a tobacco control programme in 1979 that received an award from the World Health Organization (WHO) in 1999.

In February 2011, the Council of Health Ministers adopted several declarations and resolutions on developing and supporting initiatives to combat NCDs, a policy initiated in Bahrain for the entire region from 2011 to 2020. The Council also adopted a comprehensive and integrated plan aimed at combating diabetes within the WHO guidelines and those of the Middle East and North Africa Diabetes Leadership Forum, held in Dubai in 2010.

We are fighting NCDs with special attention and care to women, especially pregnant women, children, and the empowerment of women and other patients.

In December 2011, an international conference on diabetes will take place in Dubai in partnership with international economic forums and many United Nations agencies.

In conclusion, we wish to reiterate our full support in this area. We shall cooperate effectively with our partners to implement the recommendations and decisions of the United Nations, and we support the Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting.

The Acting President (*spoke in French*): I give the floor to Mr. Raed Arafat, Under-Secretary of State at the Ministry of Health of Romania.

Mr. Arafat (Romania): It is likely that all of us gathered here today are deeply concerned that the global burden of non-communicable diseases continues to grow. That is why Romania expresses its gratitude and support for this initiative designed to develop an integrated global policy on the prevention and control of non-communicable diseases.

Romania also supports the Political Declaration adopted by this High-level Meeting (resolution 66/2, annex) and considers it to be a necessary step at the global level for reducing health inequity. The background of the adoption of the Declaration reveals the urgent need for global cooperation in addressing this emerging challenge. We believe that the adoption of the Declaration provides an opportunity for States to establish forward-looking policies in this area, which are absolutely essential not only in terms of health and welfare but also economically and socially.

Preventing non-communicable diseases would reduce poverty, especially since most expenditures for treatment in low- and middle-income countries are paid either through private systems or take the form of informal payments. We believe that the Declaration may lead to an environment that will allow people to take responsibility for their own health. We see the Declaration and this meeting as a lever to mobilize national policies and create conditions that motivate individuals by changing their attitudes and behaviours. However, we emphasize the importance of public actions and strategies in making the right individual choices easier.

It is becoming increasingly obvious that Governments have the responsibility to fulfil the very important role of responding to the challenge of non-communicable diseases and that effort and commitment from all sectors of society are essential to generating effective responses to prevent and control these diseases. Health must be taken into account in all policies.

The approach to non-communicable diseases should be twofold — first, through well-designed prevention programmes tailored to national and regional population needs, and secondly, through the early detection and treatment of non-communicable diseases using proven diagnostic and treatment technology, leading to reduced morbidity and mortality in this area.

We recognize therefore the critical importance of strengthening health systems, including infrastructure, health care, human resources in health, and health and social protection systems, especially in developing countries, in order to respond in an efficient and equitable way to the health-care needs of people with non-communicable diseases.

Romania considers it essential to raise awareness of the importance of investments in health as a precondition to economic development, and welcomes the Declaration's recommendation to strengthen national health systems, especially with regard to investments in prevention and treatment of diseases caused by non-communicable diseases, including support for associated palliative care. Only in the context of ensuring sustainable health-system financing can consistent action be taken to guarantee economic development.

In Romania, in recent years we have undertaken a number of initiatives consistent with the goals set forth in the Declaration. The first such initiative, launched in 1997, was a project entitled "A healthy lifestyle based on nutrition and physical activity" for children and adults. The results of the project were included in the EuroHealthNet 2009 report, "Focusing on obesity through a health equity lens".

A second project, called "Increased access to high quality prevention services: healthy nutrition and physical activity for children and adolescents in Romania", aims at stopping and reversing the trend of increasing overweight and obesity cases among children and adolescents in the country by 2020. This project, which started just last year, was financed through cohesion funds from the Government of Norway.

A third project is a State-funded programme for the early detection of acute myocardial infarction and early access to definitive care for patients with this condition. It was launched in August 2009 and takes into consideration the high acute myocardial infarction mortality rate of 13.5 per cent. According to preliminary data, the project has led within one year to the reduction of the rate of acute myocardial infarction mortality nationwide by 3 per cent and, in the 10 pilot centres where it was implemented, by up to 40 per cent.

These data may lead us to the conclusion that State-funded, specifically targeted projects originating from evidence-based medical practices can lead to reduction of morbidity and mortality in a very short time span. Combining such projects with prevention projects will surely lead to further important reductions in morbidity and mortality in the medium and long terms.

Again, we want to thank the United Nations for its efforts in promoting awareness in the framework of an integrated policy for reducing global inequalities generated by non-communicable diseases, and for raising awareness of the need for a concerted and coordinated policy response to include the prevention and control of non-communicable diseases in global development initiatives and in related investment decisions.

The Acting President (*spoke in French*): I give the floor to Mr. Murat Tuncer, Head of the Department of Cancer Control of the Ministry of Health of Turkey.

Mr. Tuncer (Turkey): It is a pleasure for me to address the General Assembly today on behalf of the Republic of Turkey on the very important subject of non-communicable diseases (NCDs). I would like to thank the Secretary-General, the President of the General Assembly and the Director-General of the World Health Organization for having organized this significant gathering.

For the second time in the history of the United Nations, a High-level Meeting is being held on an emerging health issue — non-communicable diseases. As is known, in the past 20 years there has been a dramatic shift from communicable diseases to non-communicable diseases. NCDs are the most serious and dangerous future problem faced by human beings. We appreciate the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases in this regard.

Cancer is gaining in priority and importance among NCDs every day. There exists a metamorphosis in cancer control today, and we need to understand it. Cancer control is unique; consisting of more than standards, it is preventive more than therapeutic, and is both analytic and scientific. Cancer profiles are also unique, and differences, determinants and barriers must be figured out. Cancer control should be global public policy more than governmental policy. The establishment of cancer control institutes at the national level is necessary now. Otherwise, all our talk and deliberations, though sincere, would only lead to inconclusive efforts. Indeed, we need a specific institution to provide regional oversight for cancer control programmes.

Cancer control is one the biggest problems, and is becoming increasingly serious every day in developing countries. Lack of coordination among Governments and non-governmental organizations (NGOs) is a critical barrier for effective cancer control programmes and action plans in those countries. The question is, who should take the initiative and who will lead the cancer control action plan? The critical answer to that question entails the establishment and functioning of national cancer control institutes. In that context, the international community should promote and support such institutes at the national level using specific instruments.

The next step ought to be to determine the profiles, objectives and structures of those institutes. We believe that cancer control institutes should have some degree of independence from health ministries. They need to have a scientific dimension and work towards developing unique, effective, sustainable and appropriate control programmes by using research modalities and regional resources. It is of central importance that these institutes cooperate effectively with NGOs and patient advocacy groups. Cancer institutes should focus in particular on cancer registries, prevention and screening and palliative care. Attention to human resources and capacity-building is a must in that regard. The stability of regional and international implementation of cancer control programmes should continue.

I would now like to provide a brief overview of the Turkish nation's cancer control plan and our international endeavours in that regard. Turkey has a cancer budget of €2.3 billion — the sixth-largest in Europe. We have 170,000 new cancer cases every year. Some components of our national cancer control strategy programme include management, registries, prevention, screening, early detection, treatment, palliative care and public awareness-raising. We have established active, population-based cancer registries, the data of which have now been accredited by the International Agency for Research on Cancer (IARC).

The cervical, breast and colorectal cancer screening programme has been expanded to a total of 124 early diagnosis and screening centres, which means that we have at least one such centre in each city. On average, the centres diagnose more than 2,000 new cancer cases each year. Screening coverage is now at nearly 50 per cent, while our aim is to reach more than 70 per cent by 2015. We have published a palliative care action plan, which covers every step in the palliative care process. We will establish a total of 54 cancer treatment centres in Turkey by 2023.

This year, Turkey was accepted as the twenty-second member of IARC. We are also an active member of the Middle East Cancer Consortium, the Asian Pacific Organization for Cancer Prevention, the Mediterranean Task Force for Cancer Control, the Asian National Cancer Centers Alliance and the Black

Sea Countries Coalition on Breast and Cervical Cancer Prevention. In that regard, we are ready to share our regional and international experiences in support of United Nations and World Health Organization activities.

The Acting President (*spoke in French*): I now give the floor to the representative of Cameroon.

Mr. Tommo Monthe (Cameroon) (*spoke in French*): Allow me, first of all, to take this opportunity to warmly congratulate the President on his election as President of this session of the General Assembly. I also congratulate the members of the Bureau. I am convinced that his eminent qualities will allow for fruitful and constructive dialogue and ensure the success of our endeavours. I assure him of the full cooperation of my country and my delegation.

Non-communicable diseases (NCDs), which are the subject of our debate, pose a new challenge in efforts to improve global health. While the international community has long accorded priority to the fight against transmissible diseases, such as HIV/AIDS, malaria and tuberculosis, the four main types of NCDs — cardiovascular disease, diabetes, cancer and chronic respiratory diseases — receive scant attention in developing countries, until they become epidemics.

One is tempted to liken the evolution of these chronic diseases and their risk factors over the past several years to the sound of a drumbeat warning — as is traditional in Africa — of a major threat that could even imperil our societies. The situation is all the more worrisome to the extent that, by 2030, NCDs are projected to cause five times as many deaths worldwide as transmissible diseases, including in low- and medium-income countries, which have until very recently not been seriously affected. Like other developing regions of the world, Africa is experiencing a steady increase in NCDs, as well as in the resulting use of health services to counter such formidable diseases.

That said, we may first ask ourselves how we reached the point where NCDs have become a worldwide threat. There are several possible explanations, of course, but there is one reality that we see throughout the world, that is, changes in lifestyle in the wake of major advances in science, technology and development. Indeed, if progress in the modern age has made it possible to improve the quality of life of humankind, it has also proven detrimental to our lifestyles, which are not always conducive to good health.

The main risk factors and methods of preventing these diseases are well known. Were such risk factors as tobacco use, unhealthy diets, lack of physical activity and alcohol abuse removed, at least 80 per cent of all cardiovascular diseases, strokes and type-2 diabetes would be eliminated, whiled 40 per cent of cancer cases would be prevented. Given that challenge, it would not be out of order to look at what has been done to prevent or counter these scourges.

Global awareness has increased over the past 10 years, thanks to the adoption of the Global Strategy for the Prevention and Control of Non-communicable Diseases, adopted during the fifty-third session of the World Health Assembly. Since 2000, the World Health Assembly has adopted a number of resolutions on measures to be implemented, in particular the World Health Organization Framework Convention on Tobacco Control, in 2003; the Global Strategy on Diet, Physical Activity and Health, in 2004; and the Global Strategy to Reduce the Harmful Use of Alcohol, in 2010. In 2008, the Assembly endorsed the 2008-2013 Action Plan for the Global Strategy, focusing in particular on low- and middle-income countries and vulnerable populations.

In Africa, efforts to combat non-communicable diseases are among the priorities identified in the World Health Organization strategic guidelines for 2010-2015. In that connection, regional committees have adopted a number of strategies on mental health, cardiovascular disease, cancers, sickle-cell disease and on combating smoking and the harmful consumption of alcohol.

For many years, Cameroon's health policies were focused on countering infectious diseases and those which were not vaccine-preventable. My country tended to concentrate on achieving the Millennium Development Goals, and therefore did not escape the phenomenon of an epidemiological shift with the emergence of non-communicable diseases. Recent statistics on premature deaths caused by these supposedly silent diseases — in particular cardiovascular disease, diabetes and cancer — are of great concern.

Cardiovascular disease is increasingly striking the youngest swathe of our population. Six per cent of our adult population is living with diabetes. Twenty-five per cent of that same group lives with hypertension. There are 12,000 new cancer cases recorded each year, while epilepsy affects 6 per cent of the population. Five per cent of the total population is afflicted with asthma, while 20 per cent are carriers for sickle cell anaemia. Psychological and mental disorders account for 5 per cent of the overall disease burden in the African region.

Cameroon is well aware of this situation and of the need to ascertain the extent of non-communicable diseases. Therefore, in view of its goal of becoming a country with an emerging economy by 2035, my country has made non-communicable diseases a priority in the context of its strategic public health planning. Various measures that aim to reduce the risk factors for these illnesses have been adopted for the period 2011-2013. Among them, we have taken steps to reduce the use of tobacco and alcohol, particularly through warnings on cigarette packages and by prohibiting the sale of alcohol to minors under 18 years of age.

We have also promoted the replacement of trans-fats by polyunsaturated fats in food products, and are campaigning to raise public awareness about the health benefits of a balanced diet and the importance of engaging in physical activity. We are also promoting vaccination against hepatitis-B, as part of an expanded vaccination programme.

In addition, after Cameroon joined the International Partnership for Health and Related Initiatives, in June 2010, the Minister of Public Health, along with all interested stakeholders and groups, conducted an analysis of that sector that resulted in the formulation of a new policy and the revision of the national health development plan.

At the institutional level, special emphasis was placed on reactivating coordination and research on non-communicable diseases in the relevant branches of the Ministry of Public Health through improved staff training.

Furthermore, Cameroon has made great progress in the area of norms by ratifying the World Health Organization Framework Convention on Tobacco Control, the Brazzaville declaration on the prevention of non-communicable diseases and the Moscow declaration on healthy lifestyles and non-communicable disease control.

In addition, with a view to integrating health into my country's overall development plan, a large-scale project to provide our hospital infrastructure with major technical equipment and medical supplies capable of delivering quality diagnostics has been implemented as part of an increased commitment to addressing non-communicable diseases. Particular emphasis has also been placed on a preventive approach in the fight against those diseases through wide-scale programmes of public health awareness.

I would like to conclude by saying that combating non-communicable diseases, and mobilizing the necessary financial resources to accompany and implement the measures of our plan to combat those diseases, continues to be Cameroon's main challenge. We are therefore committed to continuing to step up our fight against non-communicable diseases by bolstering human, material and financial resources and by developing and implementing our first integrated multisectoral strategic plan to prevent and combat such diseases. In that regard, my Government is currently working to establish a national fund to address public health emergencies and provide funding for prevention efforts in this sector, including on combating non-communicable diseases.

By the same token, Cameroon, along with the other African countries, calls for the establishment of a global fund to combat non-communicable diseases, in the hope that funding allocated by the international community will not compete with funds already earmarked for global care of the non-communicable disease that I have mentioned, for which sub-Saharan Africa is still paying a heavy cost.

My country avails itself of this opportunity to thank its partners in development and to express the hope that we may continue to count on them to meet our challenges.

I cannot conclude without recalling that there are only four years left until 2015, the deadline for the achievement of the Millennium Development Goals. It is by that date that countries are working to meet the commitments made 10 years ago to significantly improve the living conditions of their people. The evident progression of non-communicable disease in developing countries is seriously undermining our progress towards achieving those Goals. Yet there is hope. We can meet this challenge through collective action and by sharing successful experiences and strengthening national, regional and international networks to combat non-communicable diseases.

The meeting rose at 9 p.m.

United Nations A/66/PV.6

General Assembly
Sixty-sixth session

Official Records

6th plenary meeting
Tuesday, 20 September 2011, 9.30 a.m.
New York

President: Mr. Al-Nasser .... (Qatar)

The meeting was called to order at 9.35 a.m.

High-level Meeting of the General Assembly on the theme "Addressing desertification, land degradation and drought in the context of sustainable development and poverty eradication"

Agenda item 19

Sustainable development

(e) Implementation of the United Nations Convention to Combat Desertification in Those Countries Experiencing Serious Drought and/or Desertification, Particularly in Africa

The President (*spoke in Arabic*): I now declare open the High-level Meeting of the General Assembly on addressing desertification, land degradation and drought in the context of sustainable development and poverty eradication, held in accordance with resolution 65/160, of 20 December 2010. I extend a warm welcome to all participants.

Statement by the President

The President (*spoke in Arabic*): It is my distinct honour to welcome all participants to this historic High-level Meeting on addressing desertification, land degradation and drought in the context of sustainable development and poverty eradication.

I would like to take this opportunity to acknowledge the leadership role of the Secretary-General, Mr. Ban Ki-moon, and of the Executive Secretary of the United Nations Convention to Combat Desertification, Mr. Luc Gnacadja, on this important issue. I would also like to thank Member States for their tireless efforts in bringing the issue of desertification to the agenda of the General Assembly. The role of the Group of 77 and China deserves particular appreciation in this respect.

Desertification is one of the most complex challenges of our time. It has serious environmental, economic, political and social impacts that affect people, most of whom are poor. According to estimates by the United Nations Environmental Programme, one quarter of our Earth's land is threatened by desertification and the livelihoods of over 1 billion people in more than 100 countries are jeopardized by desertification.

Desertification also threatens to critically undermine gains achieved in sustainable development. The economic, social and human cost of desertification is tremendous. I therefore call upon the international community to take immediate and decisive action to address its impacts and to take measures for both its prevention and its reversal.

A silent killer, drought has hit East Africa this year, and once again the world has seen unimaginable human suffering. Countries in this region are experiencing the worst drought in 60 years. In the past three months alone, this famine has claimed the lives of tens of thousands of Somali children under the age of five, and it has caused possibly permanent social disruption as people have been forced to leave their communities, villages and towns. This is the most

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severe food crisis in the world today, and it still requires urgent and concerted action at the global level.

Global attention to addressing land degradation and the scarcity of natural resource has no doubt been on the increase, particularly in connection with the challenges of climate change and the food crisis. However, our common efforts thus far have fallen short.

Major innovative policy interventions and shifts in sustainable land management strategies will be needed to address the impacts of desertification. Such interventions require moving towards an ambitious quantitative target and a zero net land degradation rate. Effective restoration and rehabilitation of degraded lands and drylands requires the development of new policies and technologies that promote sustainable use of resources, as well as predictable financial resources to support domestic initiatives. These strategies must ensure the active engagement of all stakeholders and local communities.

A number of important global conferences on sustainable development will be held this year. In October, the international community will meet in the Republic of Korea at the tenth session of the Conference of the Parties to the United Nations Convention to Combat Desertification. Today's discussion among world leaders is an excellent opportunity to help stimulate efforts aimed at reaching a decisive outcome at the Conference.

The twentieth anniversary of the Earth Summit, which was held in June 1992 in Rio de Janeiro, is also around the corner. I urge Member States to ensure a forward-looking outcome at the Rio+20 Conference that reaffirms the balance between the economic, social and environmental aspects of sustainable development. I would also encourage Members States to reaffirm in their deliberations the fulfilment of commitments to the United Nations Convention to Combat Desertification and its 10-year strategic plan and framework, and to further enhance the implementation of the Convention.

Effectively addressing desertification and land degradation can be done only in the context of other major global challenges, such as climate change, poverty eradication, food security, deforestation and biodiversity loss. I would like to address one of these issues in particular today: food security.

Food security is an urgent issue before us today. Food insecurity has an impact on a daily basis on people in arid countries in particular. Many of them face severe malnutrition and undernourishment, and their health is compromised as a result. Malnutrition has a particularly lasting impact on children, as their development and growth are stunted.

Arid countries have begun to understand the importance of building their own country-led initiatives that aim to address the root causes of food insecurity. They are also collaborating to form South-South, triangular and global alliances that would allow them to share technological and policy solutions to combat desertification and the degradation of lands in all ecosystems.

I am pleased to observe a small but growing number of such initiatives aimed at addressing food insecurity in Africa, Asia and South America. These initiatives include a proposal made by the State of Qatar in September 2010, during the sixty-fifth session of the General Assembly, at the special side event entitled "Global Dry Land Alliance: Partnering for Food Security". The proposal is for a group of dryland countries to join together to form a global dryland alliance. The innovative solutions and best practices developed by such an alliance could be shared broadly with dryland countries throughout the world.

Another example is the African Union's Great Green Wall Initiative, which aims to tackle both environmental and poverty-related challenges and to address the effects of land degradation, increasing aridity and desertification in the African Sahara and the Sahel drylands by planting a wall of trees across Africa, from Senegal in the west to Djibouti in the east.

Initiatives such as these are designed to support and complement efforts towards tangible progress in achieving the Millennium Development Goals (MDGs), particularly MDG 1, which is to eradicate extreme poverty and hunger.

Land is life, and our life depends on land. We must stop the deadly process of desertification, restore health and vitality to our precious Earth and protect the livelihoods of people worldwide. This is our responsibility.

I now give the floor to His Excellency the Secretary-General, Mr. Ban Ki-moon.

The Secretary-General: Today, the drylands of the Horn of Africa are experiencing the most severe food crisis in the world. More than 13 million people in Djibouti, Ethiopia, Kenya and Somalia are in urgent need of humanitarian aid. The United Nations and our partners are working hard to save lives and alleviate suffering.

But let me be frank. Drought does not have to become famine. Too often, the international community reacts too late. Too often, decisions are taken based on false economies. In the end, we count the cost not just in human lives but in the extra expense of responding to crises that could have been averted for a fraction of the price.

The world's drylands are too often an investment desert, seen by Governments and the international community as a lost cause. Nothing could be further from the truth. I thank the General Assembly for holding this High-level Meeting to highlight the fact that drylands hold the potential — both immediate and long-term — to drive national economic growth and sustainable human development.

Forty per cent of the Earth's land mass is characterized as arid or semi-arid. Two billion people depend on drylands for sustenance and income. Many are among the world's poorest and most vulnerable to hunger. Drylands also offer considerable potential for helping to mitigate the effects of climate change. Dryland carbon storage — mainly in the form of soil carbon — accounts for more than one third of the global stock.

So the incentive for the sustainable management of drylands is clear. Why, then, are we allowing these valuable lands, which support so many people, to deteriorate as a result of unsustainable land and water use and the impacts of climate change?

Let us resolve today to reverse this trend. Let us recognize that resisting desertification, preserving drylands and nurturing the communities that depend on them lies at the core of sustainable development.

Contrary to common perception, not all drylands are barren or unproductive. Some of the world's primary cereal-producing regions are in semi-arid areas. Communities and businesses everywhere are discovering the potential of drylands. Tibetan herders are selling yak wool for cashmere in worldwide luxury markets. Unique pelts are providing income for communities in the arid regions of Namibia, where conventional farming is impossible.

In other areas, biofuels grow where little else can. The potential of dryland solar and wind resources has barely been tapped. Timely action on our part can unlock these riches and provide solutions to a number of global challenges, from food insecurity to rural poverty, energy insecurity, biodiversity loss, climate change, political instability, geopolitical conflict and forced migration.

But to do this, we need enhanced investment in halting desertification and reclaiming degraded lands. Success stories can point the way, and success stories abound. From restoring ancient terraces in the Peruvian Andes, to planting trees to hold back the encroaching Saharan sands, from rehabilitating watersheds in India to using summer floods to reduce salinity in China, there are examples from all continents of Governments and communities reversing desertification and improving the productivity of the land.

But we must also acknowledge that land degradation is not just a dryland issue. Studies show that land degradation is occurring in humid, tropical areas at a faster rate than ever before. If this phenomenon is not reversed in time, it could roll back our efforts to eradicate poverty, achieve the Millennium Development Goals and achieve sustainable development.

As the climate warms, drought will emerge in new areas and become more frequent and intense. Drought and land degradation must therefore move to the centre of policy development. By refocusing our development agenda to include the potential of drylands, we can break the links between poverty and desertification, drought and land degradation.

The outcome of today's deliberations will feed into the tenth session of the Conference of the Parties to the United Nations Convention to Combat Desertification (UNCCD) and the United Nations Conference on Sustainable Development (Rio+20). We are still at the early stages of the United Nations Decade for Deserts and the Fight against Desertification and the 10-year strategic plan of the UNCCD.

Let us resolve today to work towards a world where there is no more land degradation. Let us make sustainable land use a cornerstone of the green economy for poverty eradication and sustainable development.

I wish members and participants a productive meeting, and I count on their leadership and commitment.

The President (*spoke in Arabic*): I thank the Secretary-General for his statement.

I have been informed that the United States will speak in the opening segment in its capacity as host country. If I hear no objection, we shall proceed accordingly.

It was so decided.

The President (*spoke in Arabic*): I now give the floor to Mr. Luc Gnacadja, Executive Secretary of the United Nations Convention to Combat Desertification.

Mr. Gnacadja (United Nations Convention to Combat Desertification): In 1992, the Earth Summit took the bold decision to address the issue of land degradation and drought, particularly in the drylands, through a legally binding treaty, the United Nations Convention to Combat Desertification (UNCCD). This is the first time since its entry into force in 1996 that its core issues have been taken up by such a high-level political gathering.

Let me start by sharing the good news from this policy evolution. First, in the past two decades, significant land recovery and improvement have occurred in the drylands. In many cases, drylands populations have been leading these innovations and progress.

Secondly, we have accumulated a large amount of scientific knowledge about the drivers of land degradation, the extent of land degradation in different ecosystems, as well as its strong linkages with other global issues such as poverty and food insecurity, climate change and loss of biodiversity.

Thirdly, on the policy side, through the UNCCD's 10-year Strategy 2008-2018, the 194 parties to the Convention have agreed on a more focused and measurable approach to implementing the Convention.

I would have liked my intervention today to be all about good news. Unfortunately, I have to report that, despite the crippling effects of land degradation or soil nutrients depletion, the world has continued building towards a soil peak that will have far-worse consequences than the current oil peak. What are the threats, and why are they ignored?

The threats and far-reaching impacts of land degradation are ignored largely because the issue is still a blind spot for the international community, despite the search for sustainability. Our most significant non-renewable georesource is fertile land and soil. Nevertheless, each year an estimated 24 billion tons of fertile soil are lost. Arable land loss is estimated at 30 to 35 times the historical rate. In the drylands, due to drought and desertification, 12 million hectares of land are transformed into new man-made deserts every year. That is an area with the potential to produce 20 million tons of grain.

Globally, land degradation directly affects 1.5 billion people. It entrenches affected populations in poverty and hunger. For instance, when poverty is assessed in terms of infant mortality rate, 42 per cent of the very poor of the world live in degraded lands.

Most certainly, land degradation is a global phenomenon, with 78 per cent of the degrading land taking place in the non-dry lands. Degrading the buffer zone of the drylands increases their vulnerability to degradation. Furthermore, land degradation is stressing the world's food production system and contributing to its vulnerability to climatic shocks. In an increasingly interdependent world, land-related crises will mutate into new global crises.

As for drought, the percentage of Earth's land area stricken by serious drought more than doubled from the 1970s to the early 2000s, and the world is facing the possibility of widespread drought in the coming decades; but this has yet to be fully recognized by the international community. Unfortunately, despite being predictable, drought in our time still implies famine and claims lives. The tragic situation in the Horn of Africa is a stark reminder that we still have a long way to go.

Among the main challenges in implementing the Convention, low political recognition and the lack of mainstreaming in national strategic plans are foremost. However, addressing land degradation is not a burden on public budgets, but rather a driving force for sustainable and inclusive economic development. According to a recent review, the cost of land degradation in sub-Saharan Africa may be as much as 10 per cent of national gross domestic products.

My main message is that to sustain life on Earth we must build a land-degradation-neutral world. This will involve a global commitment leading to effective action at all levels. Therefore I call for action. I urge the leaders of our planet to adopt policy measures that will lead to a paradigm shift in the way we manage our land resources. Through bold political decisions and with the knowledge now available, we have the means to successfully address desertification, land degradation and drought. This is the raison d'être of the UNCCD. Through this process, hunger, poverty and famine can become history. We can do this and we must. I have no doubt that members will take the right decisions and lead us accordingly.

The President (*spoke in Arabic*): I now give the floor to the President of the ninth session of the Conference of the Parties to the United Nations Convention to Combat Desertification, His Excellency Mr. Alberto D'Alotto, Vice-Minister of Foreign Affairs of Argentina.

Mr. D'Alotto (Argentina) (*spoke in Spanish*): The topic before us today has enjoyed focused international attention this year, which has resulted in a better understanding at the global level of the importance of developing coordinated actions to combat this environmental, economic and social problem in the context of sustainable development and poverty eradication. I hope that this meeting will increase the engagement of the major actors on this issue at the highest institutional and political levels of this Organization. It will be a particular challenge for affected countries to define their priorities in the struggle in order to motivate the international community towards increased participation and cooperation at the technical and financial levels.

We face the major task of consolidating the efforts undertaken and progress made by States parties to the United Nations Convention to Combat Desertification. In particular, I would like to underline the progress in some strategic issues for the Convention follow-up that took place under the Argentine Presidency of the ninth Conference of the Parties, including the recognition of the Committee for the Review of the Implementation of the Convention as a permanent subsidiary body, which allowed the submission of the first reporting cycle after the 10-year strategy 2008-2018. I also highlight the establishment of new methodologies through the implementation of the performance review and assessment of implementation system for periodical and reliable information and data collection and analysis, and for the measurement and evaluation of trends of desertification at the global, national and local levels.

On the other hand, the institutional reform process within the Global Environment Facility has recently allowed the allocation of financial resources for the focal area on land degradation, transforming the Facility into the main financial mechanism of the Convention, increasing and broadening the continuity of relevant projects and initiatives.

On the basis of these important landmarks in our Convention's process, which took place under the Argentine presidency of ninth Conference of the Parties, and with a view to tenth, it is necessary for the international community and States parties take more and better decisions to advance the fight against desertification. To that end, it is necessary to have a framework to obtain scientific advice on issues relevant to the Conference of the Parties, and which also provides warning on possible crisis situations. However, that important technical advice should be respectful of the political processes of the Convention, ensuring that the recommendations are adopted by States parties at the different decision-making levels.

Argentina in particular has been deeply committed to the objectives of the Convention since their very beginning. This commitment is firmly determined by the geographic particularities of my country's territory, 75 per cent of which is made up of arid and semi-arid areas. These areas, however, produce 50 per cent of the country's wealth, generating important export credits that strengthen our economy, and pose a challenge in terms of sustainable development. In this respect, Argentina is fully conscious of the richness of these ecosystems from a productive and cultural point of view, and of the generation of external benefits and their vulnerability to climate issues and human activities.

For example, the National Action Programme to Combat Desertification is promoting local, productive sustainable development, the eradication of rural poverty and the creation of technology to control the advance or reversal of desertification. Efforts are also being coordinated at the regional and subregional level, including the Gran Chaco Americano project and other projects within MERCOSUR.

This presidency believes that the Convention is the best international legal instrument for developing more and better tools for combating desertification, land degradation and drought, and that its principal objective should be to improve the quality of life of the affected populations in arid, semi-arid and dry sub-humid areas, which are the subject of the Convention.

I hope that our deliberations in this Meeting allow us to make progress in strengthening and enhancing the activities that are being carried out with a view to improving the lives of the billions who live in areas affected by desertification in developing countries, who are among the poorest in the world and who are kept from achieving the Millennium Development Goals, in particular those related to hunger, poverty and sustainable development.

I will now speak on behalf of the Group of 77 and China for this segment of the High-level Meeting.

(*spoke in English*)

We welcome the convening of this debate today, and we would like to recall that desertification and land degradation affect all regions of the world and continue to pose a serious threat to sustainable development at the national, regional and global levels. We would like to emphasize also that these issues have repercussions on the functioning of the ecosystem and the Earth's system as a whole.

We would like to stress that developing countries are the most affected by these phenomena. The present situation of drylands in developing countries constitutes a matter of utmost concern to the Group of 77 (G-77) and China. With more than 1 billion inhabitants — who are among the poorest on the planet — we are the most constrained in the achievement of the Millennium Development Goals, in particular those relating to hunger, poverty and environmental sustainability.

The G-77 and China express their concern and solidarity over the situation that the population in the Horn of Africa region is experiencing right now. They have been hit by the worst drought in 60 years, which is leading to starvation and loss of crops and livestock. This reflects well the severity of the drought and desertification problems and the imperative for action.

For the G-77 and China, the objective of this High-level Meeting should be to contribute to raising awareness of desertification, land degradation and drought at the highest level, in line with the United Nations Decade for Deserts and the Fight against Desertification (2010-2020).

Therefore, it is important to reaffirm the case for the fulfilment of all commitments to the United Nations Convention to Combat Desertification and its 10-year strategic plan and framework, ensuring in this way a higher priority for desertification, land degradation and drought on the international agenda and contributing to the preparations for the tenth session of the Conference of the Parties to the United Nations Convention to Combat Desertification and for the United Nations Conference on Sustainable Development, Rio+20.

In this vein, it is worth remembering that that Conference was first held in Rio de Janeiro in 1992 to respond to developing countries' concerns and needs. Its objective was to combat desertification and mitigate the effects of drought in countries experiencing serious drought and/or desertification, particularly in Africa, and to do that through effective action at all levels, supported by international cooperation, in the framework of an integrated approach that is consistent with Agenda 21, with a view to contributing to the achievement of sustainable development in affected areas. Therefore, the focus should continue to be on the situation in drylands, particularly in developing countries in Africa, Asia, and Latin America and the Caribbean.

Regarding the report submitted by the Secretariat of the Convention to Combat Desertification, the G-77 and China fully reiterate their preliminary comments and input to this background document, as expressed during the informal consultations held on 23 May and submitted in writing on 23 and 30 May.

A fundamental point of this debate is how to ensure the full implementation of the Convention and the 10-year strategic programme. For the G-77 and China, this should be achieved in accordance with the principles and provisions of the relevant instruments on sustainable development, in particular, principles 2 and 7 of the Rio Declaration: the sovereign right of States to exploit their own resources pursuant to their own environmental and developmental policies, and common but differentiated responsibilities.

May I here recall that the multilateral framework of the Convention requires international cooperation and that the application of the principle of common but differentiated responsibilities demands that developed countries provide new, additional, predictable and stable financing, transfer of technology and capacity-building for the implementation of actions on the ground.

Also, national action plans to combat desertification are programmes designed for activities related to the fight against desertification, as mandated by the Convention.

Therefore, the Group of 77 and China expect the summary of this meeting to reflect national strategies or programmes and the importance for developing countries to receive technical and financial support from the international community to adequately implement them, within the framework of the Convention. We should also stress the important role that regional coordination mechanisms must play, as established by the Parties, to support the implementation of regional annexes of the Convention to complement international support.

The Group is of the view that the Convention to Combat Desertification is lagging behind the achievements of the other Rio Conventions, namely the United Nations Framework Convention on Climate Change and the Convention on Biodiversity. A strong and clear political message should emerge from this high-level segment, reflecting that the Convention on Desertification must be put on equal footing and treated with the same importance as the Biodiversity Convention and the Climate Change Convention, and political support from developed countries to developing countries should be guaranteed.

It is vital to enhance cooperation among the Rio Conventions while respecting their individual mandates, out of concern over the negative impacts that desertification, land degradation, loss of biodiversity and climate change have on each other and recognizing the potential benefits of complementarities in addressing these problems in a mutually supportive manner.

The G-77 and China support the establishment and strengthening of existing disaster management capacities at all levels, including information and early warning systems that allow effective management of the risks associated with drought, desertification and land degradation and of the adverse impacts of climate change.

Poverty, food security and desertification are intrinsically linked to each other and need to be tackled jointly. Therefore, desertification, land degradation and drought should be addressed not only in terms of environmental impacts and economic growth but also in terms of their social impacts, recognizing the causes of desertification and the need to have a socially inclusive approach, and addressing inequalities.

Considering the impact of trade and relevant aspects of international economic relations on desertification and land degradation, we shall promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading system, recognizing the principle of special and differential treatment for developing countries, focused on providing preferential access to products from developing countries and avoiding the implementation of trade protectionism and other trade-distorting measures. Subsidies applied in developed countries not only distort international trade but also lead to the over-exploitation of natural resources and, consequently, to land degradation.

We look forward to engaging in a constructive and meaningful debate today that pays due attention to the issues raised by developing countries and finds a way to address them effectively.

The President (*spoke in Arabic*): I now give the floor to the incoming President of the tenth session of the Conference of the Parties to the United Nations Convention to Combat Desertification, His Excellency Mr. Lee Don Koo, who is also Minister of Forest Service in the Republic of Korea.

Mr. Lee Don Koo (Republic of Korea): I am truly honoured to have this opportunity to deliver an address at this important High-level Meeting of the General Assembly. I am particularly delighted to be joined by distinguished leaders from all over the world.

We are gathering here at the Assembly's sixty-sixth session to deal with the very important theme of "Addressing desertification, land degradation and drought in the context of sustainable development and poverty eradication". I believe that the presence of those gathered here today signifies their utmost interest in examining the gravity of the issue.

Today, more than 12 million hectares of land are being lost every year to desertification, land degradation and drought. Three billion people are now in a state of serious poverty and one third of them live in drylands, as evidenced in the UNDP study "The Forgotten Billion". Previously, the issue of desertification, land degradation and drought failed to receive the international attention it deserves and was considered only as the problem of those in drylands.

We have also witnessed the devastating and transboundary impacts of desertification, land degradation and drought, such as frequent floods, dust and sandstorms, landslides, loss of biodiversity and climate change. Hence, as this issue is increasingly recognized as an impending global concern, we need a new way of thinking.

Land and soil are the property not only of the present generation but also of future generations. We have the responsibility to use them in a sustainable way so as to enable our descendants to enjoy the benefits of healthy and productive ecosystems. Recognizing that for all generations land is indispensable to sustain decent lives, we need to reverse the history of negligence and shed new light on desertification, land degradation and drought. Thus, we need to find ways to promote the socio-economic benefits of the land and ensure conservation of the environment at the same time. That will require a paradigm shift from a growth-driven economy to a "green growth economy".

A new growth paradigm in Republic of Korea was put forth by President Lee Myung-bak in 2008, in pursuit of green growth and adaptation to and mitigation of climate change. President Lee Myung-bak pledged to exert himself for the country to achieve that, which led to the development of new polices on green growth nationwide.

Sustainable land management incorporating green growth would be an efficient and pragmatic approach to address desertification, land degradation and drought and improve long-term benefits from the environment. To succeed in sustainable land management, a long-term approach is needed, as it cannot be achieved in a short period of time.

I would also like to stress that green growth encompasses ecosystemic development, which is a new economic mechanism designed to encourage pro-poor policies at global, regional and national levels. A critical component of this is a win-win growth strategy that can enable both countries affected by desertification, land degradation and drought and developed countries to achieve a sustainable society through sustainable development.

I believe Korea can set a good example for affected countries. Its history of successful reforestation demonstrated well that sustainable land management can serve as a first step to break the dilemma of poverty, desertification, land degradation and drought. From the last of the nineteenth century until the mid-twentieth century, Korea was trapped in poverty and went through a chaotic period. However, with all-out efforts by the Government and people alike, we overcame the crisis and were able to establish a solid foundation for sustainable development through remarkable rehabilitation of degraded lands.

Mr. Zinsou (Benin), Vice-President, took the Chair.

Truly, the challenges ahead of us are daunting and cannot be dealt with easily. Let us remain bold, ambitious and creative to end the desertification, land degradation and drought that generate poverty and undermine sustainable development. We need a concerted effort and strengthened political commitment to join forces and mobilize the available resources. It is crucial to promote global partnerships, not only to combat desertification, land degradation and drought but also to move forward into a sustainable international community in which everyone can obtain a decent life, regardless of nationality, age and gender.

With the convening of the tenth session of the Conference of the Parties to the United Nations Convention to Combat Desertification — COP 10 — in Korea, I hope that all here can participate in this significant event to discuss how we can solve in unison the dismal problems brought by desertification, land degradation and drought. It is worth pointing out that the first Business Forum on Sustainable Land Management will be launched on 17 and 18 October at the COP 10. It aims to encourage greater involvement and participation in promoting sustainable land management activities on the part of civil society and business people. I believe that the valuable participation and support of all here will greatly contribute to the success of COP 10 in Korea. I look forward to welcoming all.

The Acting President: I now give the floor to His Excellency Mr. Andris Piebalgs, European Commissioner for Development of the European Union.

Mr. Piebalgs (European Union): I have the honour to speak on behalf of the European Union (EU) and its member States. Croatia, the former Yugoslav Republic of Macedonia, Montenegro, Iceland, Albania, Bosnia and Herzegovina, Serbia, Ukraine and the Republic of Moldova align themselves with this declaration.

We welcome this high-level event and the opportunity it provides us to turn our attention to this critical issue facing the global community. The issue of desertification and land degradation is one of the most serious threats to the livelihoods of the poorest people in developing countries today, where subsistence and prospects for improvement are based on the sustainable exploitation of natural resources. This problem not only has serious economic and environmental consequences; it also has significant political and social effects.

These problems, however, are not limited to developing countries; they have reached global dimensions. Within the European Union itself, 12 member States have declared themselves affected countries with substantial areas already subject to land degradation. In its current capacity as presidency of the European Union, Poland will continue to work actively in the areas of climate change, green economies and land degradation issues within the EU.

In order to address these challenges, there is a need for coherent policies, including those that formulate measures for affected countries aimed at tackling the problems at an early stage. At the same time, we need to recognize that pressures linked to growing populations, food insecurity and water shortages are often drivers of unsustainable land-use practices. Addressing land degradation and desertification also has significant benefits, with increased agricultural yields and enhanced ecosystem services.

In their external policies, the European Union and its member States have highlighted the importance of sustainable land-management policies that contribute to poverty alleviation and food security in the long term. The European Union funds a broad range of actions and programmes designed to address land degradation in developing countries. They promote sustainable land-management techniques that take into account local and regional conditions and seek to combine traditional knowledge with new and emerging technologies. Key examples of regional initiatives in Africa are the Sahara and Sahel Observatory; TerrAfrica, the Sub-Sahara-wide framework that promotes sustainable land management; and the Great Green Wall initiative of the Sahara and the Sahel, all of which are aimed at mitigating the risk of desertification while at the same time alleviating poverty.

The importance of land as a key resource has been highlighted in preparations for next year's United Nations Conference on Sustainable Development (Rio+20) in Rio de Janeiro. Rio+20 offers a unique opportunity to secure a renewed political commitment to sustainable development. In that framework, investing in sustainable land management is an integral part of achieving the shift to a green economy. In that context, we actively support the initiative on the economics of land degradation as a means of developing a clearer understanding of the full costs of land degradation. The global study aims to raise awareness of this issue and help policymakers implement effective strategies to address the problem, as well as to set out the incentives for private-sector investment in sustainable land-management policies.

Today, environmental and development challenges are linked. Sustainable land management has become vitally important, representing the missing link needed to tackle climate change, biodiversity loss and food insecurity. In that regard, the clear shared objectives among the three Rio conventions and the importance of taking coordinated action must be recognized.

As part of our commitment to the United Nations Convention to Combat Desertification (UNCCD), together with the scientific community and civil society, we are ready to support improvement of the knowledge base on desertification and land degradation worldwide and to enable affected developing countries to implement national action plans. In that regard, the effective implementation of the UNCCD 10-year strategic plan (see ICCD/COP(8)/16/Add.1) is crucial, as is effective cooperation between the Convention bodies.

The European Union and its member States look forward to the forthcoming tenth Conference of the Parties to the UNCCD (COP-10), which will take place in Changwon, Republic of Korea, next month. Coming at a key moment, less than a year before Rio+20, COP-10 is an opportunity to establish a new, concerted approach in order to enable us to effectively meet the challenges of desertification and land degradation that the world faces today.

The Acting President: I now give the floor to His Excellency Mr. Jato Sillah, Minister for Forestry and the Environment of the Gambia, who will speak on behalf of the African States.

Mr. Sillah (Gambia): It is my pleasure and great personal privilege to deliver this statement on behalf of the African Group on the occasion of the High-level Meeting on the theme "Addressing desertification, land degradation and drought in the context of sustainable development and poverty eradication". First, the Group aligns itself with the statement delivered by the representative of Argentina on behalf of the Group of 77 and China.

Desertification is a global issue, with serious implications for worldwide eco-safety, food security, socio-economic stability and sustainable development. Among the countries most affected are the African nations, which face serious difficulties in combating desertification, land degradation and meeting the Millennium Development Goals (MDGs). The high level of rural poverty in many developing countries, particularly in Africa, continues to be among the most serious constraints on progress in combating desertification and land degradation.

At the same time, these problems exacerbate rural poverty in affected developing countries. We would like to stress that while every developing country is affected by these phenomena, the present situation of the drylands constitutes a matter of the utmost concern. With more than 1 billion inhabitants who are among the poorest on the planet, the African continent is the most constrained in its efforts to achieve the MDGs, particularly those relating to hunger, poverty and environmental sustainability.

This High-level Meeting therefore provides an opportunity to articulate and propose solutions to the difficulties encountered in fulfilling the commitments made during the World Summit on Sustainable Development and other related conferences and meetings. In this regard, we emphasize the importance of identifying the specific means of implementation that will enable developing countries, including those in Africa, to derive benefit from their commitments. This has become very urgent in light of the need to narrow the increasing gap between developed and developing countries.

Desertification and land degradation affect all regions of the world and continue to pose a serious threat to sustainable development at the national, regional and global levels. Poverty, food insecurity and desertification are intricately linked and must be tackled jointly.

The present situation of the drylands in developing countries — whose more than 1 billion inhabitants are among the poorest people on the planet — has constrained their efforts to achieve the Millennium Development Goals, in particular those goals related to hunger, poverty and environmental sustainability.

African countries remain committed to fulfilling their obligations under all multilateral agreements. However, the results achieved so far have been limited by the challenges posed by a number of global crises that have negatively impacted development and environmental efforts in the continent.

In addition to those issues, the continent continues to grapple with obstacles resulting from a basic lack of technology transfer and the inability to build and develop institutional capacities and enhance its human resources endowment, which, among other things, has suffered repeated forced displacement and the migration of highly qualified people to other regions. That phenomenon must be resolved through concerted efforts.

It is clear that the African Group needs a scientific panel to advise it on taking the United Nations Convention to Combat Desertification (UNCCD) forward. That applies to the entire UNCCD; we definitely need a scientific panel.

In this regard, we firmly call upon all parties to fully support the implementation of the United Nations Convention to Combat Desertification in all its aspects, in particular by promoting the exchange of knowledge on best practices and lessons learned through global and regional cooperation on combating desertification, land degradation and drought. Emphasis should also be placed on mobilizing and channelling adequate and predictable financial resources, as well as on facilitating their direct access in order to help mitigate the effects of desertification, land degradation and drought and to improve the livelihoods of vulnerable people affected by these most urgent matters at the national, subregional and regional levels.

The 10-year strategic plan and framework adopted at the eighth session of the Conference of the Parties to the UNCCD has strengthened the commitment of the international community to implement the Convention at all levels. It has enabled the Convention to be more broadly engagement at the front line in combating desertification and land degradation, mitigating the effects of drought and contributing to the fight against climate change. In that respect, the UNCCD serves as a platform for adapting to climate change, mitigating its effects and strengthening resilience.

With respect to strengthened synergies among the three relevant Conventions, enhancing coordinated actions and opportunities of mutual benefit must be strongly encouraged efforts to combat desertification, preserve dryland ecosystems, conserve wet lands and combat climate change. It must be acknowledged that desertification, land degradation and drought are challenges of a cross-sector nature and global dimension because they affect all regions of the world. Thus, all relevant United Nations organizations and agencies and all parties concerned must cooperate with all stakeholders in supporting an effective global response to those grave and profound problems with a view to mitigating their effects and negative impact on the environment and the global economy.

To this end, the Group of African States reaffirms its commitment to initiatives such as the Johannesburg Plan of Implementation of the World Summit on Sustainable Development and its 2008-2018 10-year strategic plan and framework to enhance implementation of the Convention, which is recognized as one of the tools for poverty eradication. The Group also stresses its deep concern over the negative impacts that desertification, land degradation, loss of biodiversity and climate change have on each other, and recognizes the potential benefits of complementarity in addressing those challenges through collective and effective action at all levels in a mutually supportive manner.

Africa is the most vulnerable and disadvantaged continent in the context of achieving the goals of socio-economic development. We therefore stress the importance of the international community fulfilling its commitments to supporting Africa in its efforts, as was promised at the World Summit on Sustainable Development. Equally important is the urgent need to match promises with actual delivery on the assurances contained in the political declaration on Africa's development needs under the New Partnership for Africa's Development, and the conclusions reached by the Millennium Development Goals Africa Steering Group.

We stress that the provision of sufficient and predictable funding, the transfer of environmentally sound technologies, and support and encouragement aimed at building the human and institutional capacities of African countries will contribute significantly to achievement of the desired goals in the fields being considered at this High-level Meeting. International development cooperation can play a critical role in mobilizing resources for investment in the fight against desertification and land degradation and in improved technology and technology transfer to promote rural development. In this respect, we also underline the importance of increasing the quantity and quality of official development assistance, and of reducing or cancelling outright the external debt in favour of the neediest African countries.

As we all know, the African Union is the flagship organization for harmonizing and coordinating continental programmes in Africa. Despite the progress made in developing policies at regional and subregional levels, the implementation gap in Africa remains wide. We therefore call for the strengthening of support and encouragement of plans and programmes of the African Union and the regional economic communities to ensure the effective transfer of policies and programmes into concrete measures, especially in the field of sustainable development. Ensuring equitable access by farmers to regional and global markets, and providing practical help and capacity-building to those stakeholders in marketing agricultural products is essential to their willingness to invest in long-term sustainable land management, since they would then be able to reap the future rewards of such investment.

As we all know, forests play an important role in preventing both desertification and land degradation as well as in rehabilitating degraded lands. The implementation of the non-legally binding instrument on all types of forests, adopted by the General Assembly in 2007 (resolution 62/98, annex), provides a framework for advancing sustainable forest management and will contribute to combating desertification, mitigating climate change and preserving forest biological diversity.

Finally, integrating action programmes to combat desertification into development frameworks will serve as practical tool in combating desertification and implementing the UNCCD. Given that desertification cuts across all sectors, it is essential to ensure coordination among all relevant Government agencies at central and local levels in the implementation of national action plans, with the active involvement of civil society. It is therefore important to mainstream such actions plans within national development strategies and poverty reduction plans. Strengthening the support of the international community through bilateral, regional and subregional cooperation will remain crucial for implementing action programmes to combat desertification and land degradation.

The implementation of national action plans should be based on integrated approaches and supported by legislation. The modes of economic growth and means of production and consumption must be improved in order to achieve harmony between conservation and development, as well as a balance between economic and social benefits.

In conclusion, the African Group attaches great importance to the role of the United Nations Commission on Sustainable Development. We should continue to provide guidance and coordination on issues related to the integration of the three dimensions of socio-economic development, and more importantly, the means of their implementation.

The Acting President: I give the floor to Mr. Rajiv Shah, Administrator of the United States Agency for International Development, who will speak in his capacity as the representative of the host country.

Mr. Shah (United States of America): It is my honour to join the General Assembly today in focusing on the global challenges of drought, desertification and land degradation. Right now, these dangerous realities are threatening the lives and livelihoods of over 1 billion people who live in fragile dryland ecosystems. They severely limit our collective goals of promoting sustainable development, eradicating poverty and strengthening food security. They also limit and threaten our national security.

Nowhere is this challenge more critical and the need for action more pressing than in the Horn of Africa. There, the devastating consequences of famine are playing out before our eyes in the stories of women who have to watch their children literally die in their arms. We know that the Horn of Africa is experiencing its worst drought in 60 years, and that 3.3 million people — predominately women and children — are in need of emergency assistance. As the single largest humanitarian and development partner in the region, the United States is supporting life-saving aid, including food, water and medicines, for millions of people.

Although the American people will always provide aid in times of urgent need, emergency assistance is not the most efficient or lasting solution. The reality is that we must do more to prevent these crises in the first place. That is why President Obama launched a global food security initiative called "Feed the Future" to help countries develop their own resilient agricultural sectors and food systems so they can feed themselves over the long term.

Through these partnerships, Kenya has seen a more than 300 per cent increase in maize yields in certain western parts of the country, while vitamin A-enriched sweet potatoes are now reaching hundreds of thousands of malnourished children in Uganda, Mozambique and other parts of sub-Saharan Africa.

These achievements are the result of collective action. African Governments, the private sector, civil society and local farmers — mostly women — are increasing their investments in agriculture, adopting new innovations and technologies, and measuring results.

We believe that this new form of partnership extends through to the United Nations Convention to Combat Desertification. The United States strongly supports the Convention and its clear mandate to focus on drylands to enable better results. Addressing desertification through long-term, sustainable land management and agricultural development is one of the most effective tools we have to prevent the crises that we are now seeing throughout the Horn and in other vulnerable regions.

In fact, as a nation, we have a long history of grappling with the devastating consequences of soil degradation and severe drought. As we speak, the State of Texas is enduring one of the worst one-year droughts in recorded history. In the 1930s, a prolonged catastrophe of drought, land degradation and food shortage led to the American Dust Bowl, resulting in the migration of 2.5 million people. As a result of our experiences, the United States fundamentally reformed our strategies and methods of dryland management. We strengthened collaboration between local Governments and farmers, invested in agricultural universities to foster scientific innovations in farming practices and water management, and embarked on larger-scale efforts to manage our productive lands more sustainably.

An aggressive focus on science and improved technology has been a vital part of our approach. Therefore, the United States supports the proposed intergovernmental science policy platform on biodiversity and ecosystem services, which will cover dryland ecosystems as opposed to a separate, narrower science mechanism devoted solely to the Convention.

We remain committed to harnessing the power of science and technology to help transform global agriculture and improve the quality of natural resources. Across the international community, we now have the knowledge to establish stable, productive environments, dramatically improve crop yields, mitigate natural disasters and deliver results for vulnerable, often small-scale farm households.

In order to meet the challenge of poverty and hunger around the world, we have to invest in long-term solutions through "Feed the Future", focusing on connecting smallholder farmers to strong markets and harnessing advances in science and technology. As Secretary of State Hillary Clinton has said, "The question is not whether we can end hunger; it is whether we will".

That is why "Feed the Future" is driving a new approach to global food security. In Tanzania, we are working in partnership with Governments, companies and other donors to make major investments in the Southern Agricultural Growth Corridor of that country. In regions vulnerable to drought — like the Ethiopian highlands — we are focusing particularly on drought-resistant crops and improved soil, water and land management.

These efforts build on 40 years of experience the United States Government and the United States Agency for International Development have had in greening the Sahel, where farmer led agroforestry and water management techniques have transformed 50 million hectares threatened by desertification — an area larger than Sweden — into sustainably productive lands.

We welcome ongoing collaboration with the global community to help address the crisis in the Horn, and continue in particular to call on Al-Shabaab to allow unfettered humanitarian access in areas it controls. Hundreds of thousands of lives are at stake.

But responding to the crisis today is not only a moral imperative; it also protects our national and global security. In regions where we witness scarcity of resources today, we are more prone to face heightened tensions and conflicts tomorrow. By fighting drought and famine in the Horn today, we fight the despair that can lead people towards violence and terrorism. When we can help a nation feed itself through good times and bad, we break the cycle of food riots, famines and failed States that creates instability throughout our world. When we help a woman farmer use cutting-edge technologies to increase her harvests, we expand her country's economic potential and develop new markets for international trade. And by providing help in times of desperate need, we express globally shared values of compassion, dignity and equality.

The Acting President: We have heard the last speaker for the opening segment of the High-level Meeting.

As members are aware, pursuant to resolution 65/160, this High-level Meeting will comprise opening and closing plenary meetings as well as two panel discussions. The first panel will take place this morning in Conference Room 4 of the North Lawn Building, immediately after the adjournment of this opening segment.

The meeting rose at 11 a.m.

United Nations

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General Assembly

Sixty-sixth session

Official Records

7th plenary meeting
Tuesday, 20 September 2011, 10.15 a.m.
New York

President: Mr. Al-Nasser .... (Qatar)

In the absence of the President, Ms. Kamara (Liberia), Vice-President, took the Chair.

The meeting was called to order at 11 a.m.

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Agenda item 117 (*continued*)

Follow-up to the outcome of the Millennium Summit

The Acting President: I now give the floor to His Excellency Mr. Victor Makwenge Kaput, Minister for Health of the Democratic Republic of the Congo.

Mr. Kaput (Democratic Republic of the Congo) (*spoke in French*): The Democratic Republic of the Congo is concerned about the growing burden of non-communicable diseases (NCDs), which pose a major public health problem given the large number of persons affected by illnesses that include cardiovascular disease, diabetes, cancer, chronic respiratory disease, mental illness and sickle-cell anaemia.

The main risk factors for these diseases have been clearly identified in our country: tobacco, alcohol, lack of physical activity and poor nutrition. Indeed, statistics show a rising incidence of diabetes. In 1959 0.48 per cent of hospitalized patients suffered from the disease, while by 2005 that number had risen to 5.4 per cent.

In the face of this scourge, our country has taken a number of initiatives, including the creation, within the department charged with fighting disease, of a division entrusted with combating NCDs; the establishment of a national programme to combat diabetes; the elaboration of a strategic plan to combat NCDs; the integration of activities related to controlling diabetes and hypertension at health-care centres in Kinshasa, the capital, and in other major cities; cooperation with and support for associations that fight diabetes, cancer and sickle-cell anaemia; and the establishment of diabetes clinics for children.

The major challenge today is the maintenance of those clinics — keeping them supplied them with insulin and other diabetes medications, ensuring their functioning and extending health coverage throughout all the provinces.

With regard to sickle-cell anaemia, we also have a programme to fight the disease and a research and treatment facility within our public health ministry.

NCDs affect mainly our active population, leading to lower productivity and increased poverty, potentially jeopardizing our capacity to attain the Millennium Development Goals, especially with regard to reducing extreme poverty.

Given the limited resources at its disposal for the control of NCDs, the Democratic Republic of the Congo calls for international solidarity to help it strengthen its health-care system and create a special fund to that end.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room U-506. Corrections will be issued after the end of the session in a consolidated corrigendum.

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The Acting President: I now give the floor to His Excellency Mr. Soumana Sanda, Minister of Health of the Niger.

Mr. Sanda (Niger) (*spoke in French*): At the outset, I should like to welcome the convening of this High-level Meeting and to address my congratulations to the President of the General Assembly.

In Niger, although our health situation is characterized by the prevalence of communicable diseases, chronic non-communicable diseases (NCDs) such as cancer, diabetes, hypertension and chronic respiratory illnesses are gaining ground. According to the World Health Organization's STEPwise approach to surveillance survey on the monitoring of risk factors for cardiovascular disease and diabetes carried out in the Niger in December 2007, 21.2 per cent of people suffer from hypertension; 4 per cent suffer from diabetes; 26 per cent are overweight; 4 per cent are obese; and 5 per cent smoke tobacco.

Aware of the burden that NCDs represent for our country's health situation and its economy, our authorities have on many occasions expressed their strong resolve to fight against NCDs, through, inter alia, the policy statement issued by the Prime Minister and head of Government on 16 June 2011; the Poverty Reduction Strategy Paper; and the health development plan for 2011-2015.

To fight against NCDs, my country has taken the following operational measures: the establishment of a cancer registry, in 1992; the ratification of the Framework Convention on Tobacco Control, in 2005; the adoption by the National Assembly of a law on tobacco control, in 2006; a decree providing free treatment of cancers affecting women, in 2007; campaigns to screen for and treat cancer; the construction, in partnership with the International Atomic Energy Agency, of a national centre to combat cancer; the adoption by the National Assembly of legislation relating to the creation of an official administrative agency known as the national centre for the fight against cancer; and the drafting of a national strategic plan for the prevention of and the fight against NCDs.

The implementation of that plan requires the mobilization of additional resources, with a view to giving patients access to drugs and ensuring the affordability of such drugs, so that their cost does not prevent people from obtaining the medications required to treat infectious diseases. In order to achieve the required synergies and take effective action, we must strengthen our health-care systems to ensure control of infectious diseases and to prevent and treat NCDs. To achieve that, our health care facilities need adequate and qualified personnel, equipment, medicines and medical supplies. In addition, access to care for our working population needs to be improved by putting in place a national health insurance system, providing information and raising awareness about adopting healthier and simpler lifestyles. To that end, under the direction of President Mahamadou Issoufou, major efforts are being made to put in place integrated, multisectoral policies. We call on the international community to assist us in Niger, and to help other States, both financially and technically.

The Acting President: I now give the floor to Her Excellency Ms. Ann Peters, Minister of Health of Grenada.

Ms. Peters (Grenada): The Grenada delegation is gratified to share with the international community our plans and programmes aimed at addressing the issues of non-communicable diseases (NCDs), as well as to pledge our commitment and support to the new international agenda on NCDs.

Non-communicable diseases constitute a major public challenge for all countries, developed and developing alike. Grenada, like many other members of the Caribbean Community, recognizes the growing threat posed by NCDs on our small, fragile economy and the need to take decisive action to reduce the burden of the disease and to protect the future sustainable development of our country. We believe that primary prevention and promotion is the most cost-effective, equitable and sustainable strategy to fight NCDs.

In that regard, Grenada has approved a new policy framework for the revitalization of primary health care. We have adopted a multi-agency, multidisciplinary approach to addressing chronic NCDs. We have established the National Chronic Disease Commission — comprised of representatives from a range of sectors, including health, education, agriculture, youth, sports, non-governmental organizations, churches, the media and the private sector — to advise on strategies to reduce NCD risk factors.

We have implemented the Chronic Care Passport, a healthy lifestyle initiative that is aimed at providing a method for the systematic monitoring and evaluation of patients with chronic diseases and the empowerment of those patients to take care of their health. A national risk-factor survey on chronic non-communicable diseases was conducted to support the planning of health promotion and prevention campaigns. Grenada has established partnerships with Mount Sinai School of Medicine and the American Heart Foundation for the implementation of a community health programme and the implementation of the 12 recommendations by the Institute of Medicine of the National Academies for promoting cardiovascular health in developing countries.

Grenada has made significant progress in the fight against NCDs, but we are cognizant of the fact that there is much more to be done. The real challenges for us as a people lie in transforming our health sector from a curative- to a preventive-based system and implementing reform in the midst of a global economic crisis and escalating costs of medical care. Greater effort is needed to influence the global food industry to join the fight against NCDs.

We believe that the United Nations can and will play a more important role in that respect. Grenada reaffirms its commitment to improving the health status of its people by promoting wellness and providing quality health care services in an efficient, equitable, affordable and sustainable manner, and to working together to ensure universal access to comprehensive prevention, treatment, care and support for persons living with and affected by NCDs. That is our goal.

The Acting President: I now give the floor to His Excellency Mr. Ali Yacoub Mahamoud, Minister for Health of Djibouti.

Mr. Mahamoud (Djibouti) (*spoke in French*): It is a genuine pleasure for me to take the floor on behalf of my delegation on the occasion of this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

My delegation aligns itself with the statement to be made on behalf of the Group of 77 and China by the Minister of Health of Argentina.

I would like to thank the Secretary-General for his report on the prevention and control of non-communicable diseases (A/66/83) and to express my appreciation for his commitment. I also want to commend the efforts of all Member States which, since the adoption of resolution 64/265, in May 2010, have worked to ensure that this initiative is translated into action and that non-communicable diseases (NCDs) — that is, cardiovascular disease, cancer, chronic respiratory conditions, diabetes and the social and economic problems that they cause — can find appropriate and common solutions.

We are all aware, from the Secretary-General's report, that almost two-thirds of deaths worldwide every year are caused by non-communicable diseases, with cardiovascular disease accounting for 39 per cent and cancer 27 per cent. Including chronic respiratory illness and diabetes, they account for nearly 80 per cent of deaths. It is important to highlight that 44 per cent of deaths come before the age of 70, with all the repercussions that entails on the socio-economic front. Those diseases are a problem for all countries, but they cause tragedy for the poorest ones, where people lack access to prevention, treatment or an effective health care system.

My country, like most least-developed countries, is not immune to the lethal consequences of what we can today call the epidemic of the twenty-first century. The incidence of those diseases in the population includes not only the diseases I have already mentioned but also mental illness and malnutrition. Afflicted by endemic drought, my country is particularly affected by the double scourge of malnutrition — that is, under-nutrition and over-nutrition — affecting the population as a whole and sometimes even the same individual.

The ills of under-nutrition — notably low birth weight and retarded growth — not only leave victims prone to chronic childhood diseases and leave pregnant women at risk but also can cause cognitive deficits. Unhealthy diets and lifestyles in youth can lead to an increase in non-communicable diseases such as diabetes, cardiovascular disease and certain cancers in adulthood. The other side of malnutrition is excess weight in adults, which is tied to higher rates of disease and death and which in children seems to entail a higher risk of developing adult diabetes.

Chronic diseases are the most common reason for hospitalization and place onerous costs on health systems, patients and their families. Our Government's response in the matter of our fellow citizens' health care combines multisectoral reforms with budget increases to build a health care system that is functional, modern and efficient. Since 2005, our health care budget has grown from 4 per cent to more that 15 per cent of the total budget, not including significant outlays outside the budget.

Moreover, my Government pursues a policy of socio-economic development that emphasizes fighting poverty with the ultimate goal of protecting the human rights to dignity and health. Through its youth policy and incentive measures, our Government, working with civil society, is seeking ways of promoting employment and a healthy lifestyle in that critical sector of the national population.

I am fully aware, however, that we need more synergy, resources and opportunities to reverse the current trends in non-communicable diseases, which are just as devastating in our region as the communicable diseases HIV/AIDS, malaria and tuberculosis. We therefore need to work urgently to change the paradigm, given the challenges that these health problems pose and what is at stake. I will not dwell here on the risk factors such as tobacco use, alcohol abuse, poor nutrition and sedentary lifestyles, which are, we must admit, all perfectly avoidable.

It is urgent, therefore, that the General Assembly take stock of the negative consequences of the growth and increased prevalence of non-communicable diseases around the world in terms of human and social development, household income and economic development, as well as their negative impact on the achievement of the Millennium Development Goals.

We need to seize this opportunity so that all of us here today can contribute not just by identifying the challenges and opportunities related to non-communicable diseases but also by committing ourselves to promoting and encouraging the creation of partnerships and synergies that will enable us to prevent and control NCDs. Indeed, the well-known impact of these diseases on the socio-economic development of all countries, particularly developing countries, could be curbed if we use this opportunity for joint action wisely.

Our immediate concern must be to implement our respective commitments to common action. Indeed, the international community needs to impose an iron discipline on itself that will allow it to achieve its goals and live up to its promises. The strategies to be followed must take into account the limited resources of our countries and optimize our actions by ensuring a comprehensive manner of dealing with these illnesses within national health systems and through primary health-care strategies that include prevention, community support and the provision of treatment.

Finally, I would highlight that improving the health of our populations can be achieved only if we recognize the intersectoral nature of the fight against non-communicable diseases and seek to mainstream, in a cross-cutting manner, elements having to do with health care into other socio-economic development areas.

The Acting President: I now give the floor to His Excellency Antoine Gambi, Minister for Foreign Affairs of the Central African Republic.

Mr. Gambi (Central African Republic) (*spoke in French*): The Central African Republic, through me, is honoured to be meeting today with other countries of the world to participate in this exceptional event that is exclusively dedicated to the prevention and control of non-communicable diseases (NCDs).

Public health is one of the pillars of the Millennium Development Goals, and efforts to improve it require the mobilization of the international community. Chronic non-communicable diseases are a major public health problem in the Central African Republic, given the high morbidity and, especially, mortality rates that they entail. NCDs in my country include cardiovascular diseases, cancers, arterial hypertension, diabetes, sickle cell anaemia, mental illness, Buruli ulcers and noma, to name but a few.

We must recognize that chronic non-communicable diseases are a significant obstacle to the socio-economic development of my country, as they impede productivity, entail significant costs in for treatment and, above all, lead to incapacitating complications. Large-scale action is required to prevent them or curb their prevalence. The saying that an ounce of prevention is worth a pound of cure is very apt here.

As health has been recognized as a fundamental human right, it is a priority sector in the Central African Republic and therefore an essential component of the fight against poverty. Therefore, in our second national health development plan, the Central African Government has undertaken to establish conditions that promote the fight against these diseases in order to significantly reduce the burden of morbidity and the mortality rates linked to these diseases.

This political will is evident in the creation of a programme to combat non-communicable diseases. Its strategic objective is the prevention and reduction of the morbidity, disability and early mortality due to chronic diseases and their risk factors — tobacco and alcohol use, malnutrition, a sedentary lifestyle, excessive weight and obesity — which are favoured by the social, economic and environmental determinants of health.

In order to achieve the goal of reducing the morbidity and mortality that can be attributed to these diseases and to emerging social trends, we have participated since 2007 in the initiative to fight them by adopting several strategies. We have strengthened our institutions and developed partnerships with technical and financial partners such as the World Health Organization, the International Diabetes Federation and the World Diabetes Foundation. We have strengthened the health system by encouraging early screening and appropriate and early treatment of the various cases and by strengthening the health information system. Operational research was conducted through the 2010 STEPS survey. And we are promoting health in general. In addition, some organizations such as those for diabetes, sickle cell anaemia and heart disease have been established to assist the Department of Health in implementing the plan.

However, the Central African Republic, as a fragile State in a post-conflict situation, is experiencing difficulties in implementing other strategies because of a lack of human, material and financial resources. From this rostrum I appeal to the international community to mobilize resources in order to implement planned activities and to establish a mechanism for preventing non-communicable diseases in the Central African Republic, in order to ensure that we save the many lives that are threatened by these diseases.

The Acting President: I now give the floor to His Excellency Jamie Maxtone-Graham, Minister for Health and HIV/AIDS of Papua New Guinea.

Mr. Maxtone-Graham (Papua New Guinea): Allow me to speak not so much from notes, but from my heart. I have experienced on a very personal level the suffering and loss of quality of life that non-communicable diseases (NCDs) can bring about and the health improvements that can be gained by taking personal responsibility for making lifestyle changes and addressing the major risk factors.

My home of Papua New Guinea is the largest of the 22 Pacific island countries. It is incredibly rich in resources, biodiversity and cultural heritage. Our 6.5 million people speak more than 800 languages. Papua New Guinea has many things going for it, and we have great aspirations for the development of our nation and our people. Yet, today, the very development that has underpinned our nation's growth since independence is undermining our future economic, social and cultural existence, as urbanization, environmental degradation, Western consumerism and the adoption of a sedentary lifestyle becomes the norm rather than the exception.

My country is a nation in transition. Our economy is developing rapidly, while at the same time we are struggling with the double burden of communicable and non-communicable diseases. Our infectious or communicable-disease rates are among the highest in the Western Pacific region. In our traditional lifestyle, NCDs were unheard of. However, since independence, and due to our increased reliance on subsidized, imported foodstuffs, cardiovascular disease, diabetes, cancer and chronic respiratory disease rates are now rising rapidly, particularly among our urban population, affecting both the poor and the well-off.

It is with this NCD burden in mind that we applaud our Pacific Forum leaders' recent declaration that the Pacific is in an NCD crisis. We align ourselves with the comments made earlier by the representatives of Nauru, Tonga, Samoa and other Pacific island countries during this High-level Meeting.

As part of its response, Papua New Guinea has incorporated lifestyle diseases and the health-related Millennium Development Goals into our new national health development plan for 2011-2020, the 30-year national strategic plan and the Government's long-term Papua New Guinea Vision 2050.

Papua New Guinea is now moving on a large scale to educate and advocate at all levels, across all generations, and calling for all Papua New Guineans to take ownership of their own health and address their unhealthy lifestyle risks. I am committed to championing the NCD cause in my country and will be challenging many other colleagues in Government and our public servants to likewise become champions for the cause.

Papua New Guinea also acknowledges that an effective response to NCDs requires mobilizing the whole of society. Trade practices that result in the import of cheaper processed foodstuffs that have poor nutritional value, which are no doubt poisoning our people, must be reversed. Policies and taxes that are specifically aimed at reducing the consumption of alcohol and creating disincentives to smoking must now be extended to unhealthy foods and be fully enforced.

Food that is highly nutritious, of course, is always expensive and needs to be subsidized, while unhealthy foods and processed foods that are high in sugar, salt and chemical preservatives, including refined white flour, require heavy taxes in order to protect and secure the health of our people.

As we all know, poor nutrition will cripple any nation; good nutrition will save it. Nutrition sounds simplistic, but plays a powerful role in the rise and fall of any nation. This is also a warning message for all Member States, that is, if we do not make immediate radical changes in the available food supply and the marketing of food to consumers, we will not be able to survive much longer as nations. Many States will fall, brought down by the inevitable consequences of a nutritionally deficient and chronically diseased population.

We need to understand and appreciate why food has such a powerful impact on everything that matters in society — health, happiness, employment, productivity, education and even freedom — in order to take remedial action to save our people. Our younger generation needs to be taught from an early age about healthy living, regular exercise, healthy eating and the "Healthy Islands" vision, which our Pacific ministers of health first spoke about in 1995. We need to create real incentives for our people to live life to the fullest — not just to achieve an absence of sickness but, more important, to aspire to a life where they can experience well-being that transcends normal qualities of life.

In conclusion, I want to challenge all Member States not to accept any diluted response to the burden of NCDs. We cannot accept a business-as-usual approach; neither can we couch our responses in diplomatic niceties. We need to take bold, innovative approaches and accept shared responsibility. In particular, I call on developed nations to cease the practice of subsidizing the production and export of unhealthy foods to poorer nations. I plead with the Assembly to make our actions count today for the survival of tomorrow's generations.

The Acting President: I now give the floor to His Excellency Mr. Salomón Chertorivski Woldenberg, Minister of Health of Mexico.

Mr. Chertorivski Woldenberg (Mexico) (*spoke in Spanish*): It is a great honour to address the Assembly from this rostrum, in the most representative and important forum that human civilization has created to reflect on, discuss and channel our collective action with regard to major world issues.

I am pleased that the world health agenda, given its great importance to our collective well-being, is an essential part of the work of the United Nations. I address myself to the Assembly to speak on an issue that we are concerned about because of its negative effect on the health of our populations and on the economies of our countries, that is, chronic non-communicable diseases.

I thank the Caribbean Community for promoting the initiative that brings us together today in this important international forum.

Non-communicative diseases are a growing public health problem that transcends borders and affects all sectors of society and all age groups. That is why it is an enormous challenge to global health.

At the national level, in Mexico, this public health problem presents a difficult challenge. In the adult population, there are 14 people with diabetes for every 100 citizens. Seven out of 10 of those over 25 years of age are obese, and our figures indicate that there has been an increase in cardiovascular disease and cancers in general.

The economic and social impact of these diseases is on the rise, as they reduce the life expectancy of the population and the years they are able to spend in good health.

In Mexico, cardiovascular diseases and diabetes top the list of general causes of death. That is why we need to reduce the prevalence of these diseases in our respective countries and why we feel it is important to implement effective measures to prevent these diseases and mitigate their effects on those who already suffer from them; redouble our efforts to ensure the health of future generations; seek out comprehensive and multisectoral solutions that will involve the participation of civil society, the private sector, the public sector and the population; work on the social determinants of health by providing services in order to increase the efficiency of our capacity to respond to this issue in our countries; and strengthen sustainable efforts in the area of prevention and health promotion in all areas of human development in schools, health centres and community centres.

Internationally, we have witnessed significant progress in the fight against these serious diseases and their consequences. We must continue to improve and coordinate our efforts so as to tackle this enormous challenge. An arduous road lies ahead as we work towards achieving positive results in the medium and long term, building more capacity and strengthening our national health systems so that we can prevent and control the afflictions caused by these diseases.

However, we are motivated by the conviction that our success in these efforts will have positive results in terms of our economic development and greater well-being for current and future generations. It is precisely the well-being of our population that requires us to implement our multilateral commitments and the multisectoral initiatives coordinated within and among States under the aegis of the United Nations and its specialized agencies, in particular the World Health Organization. These agencies help us to work together to address this threat by means of international cooperation.

Mexico is a country that believes in the virtues of multilateralism. Consistent with that belief, we have sought to reinforce the links between Member States and the various international agencies, with a view to streamlining and revitalizing strategies for reducing the toll of chronic diseases and their consequences. In that respect, last February in Mexico City, we hosted a regional high-level consultation of the Americas on non-communicable diseases and obesity. The significant outcomes of that meeting added to the international body of knowledge on the subject.

The Government of Mexico and President Felipe Calderón Hinojosa have shown a great deal of interest and commitment in the prevention, treatment and control of non-communicable diseases. We have enhanced our policy framework using a multisectoral approach involving key public, private and social actors. The objective is to design and implement public policies that are underpinned by laws, standards and regulations applicable to individuals and to our society as a whole, and which will have an impact on households, schools, the workplace and the community.

Furthermore, we have implemented innovative models of specialized health care services for those suffering from such chronic conditions as diabetes, overweight, obesity and cardiovascular disease. Likewise, we have mobilized funding and promoted continuing education by preparing evidence-based clinical practice guidelines and introducing new technologies, which are essential for improving medical care for those who suffer from chronic disease.

I should like to point out the historic fact that Mexico is very close to achieving universal health coverage. Today, more than 100 million Mexicans have guaranteed State-funded health care. It is important to underline that the Mexican State covers the cost of cancer care and treatment for all young people aged 18 or under, and all women with cervical, uterine or breast cancer, among many others. This has helped in efforts to prevent patients from abandoning treatment and, in turn, has drastically reduced the number of related deaths that had previously been caused by funding shortages.

That is why I would like the Assembly to once again take note of Mexico and recognize its efforts and its people, who are contributing to this effort in a spirit of solidarity so as to ensure that our country can make the right to health a reality for everyone.

The challenges we are facing are complex and diverse. All our countries need to continue working diligently to update and expand our regulatory frameworks, which will enhance the quality of, and guide, our medium- and long-term plans and programmes. We must develop and implement sustainable models for the prevention and treatment of chronic diseases, which will facilitate the prevention and timely detection of complications that would lead to higher costs later on, such as those stemming from type 2 diabetes, cardiovascular disease and smoking. We must modernize and broaden our public health information systems and epidemiological surveillance so as to identify risk factors and the social determinants of health, evaluate and monitor them on an ongoing basis, and ensure the effectiveness of public intervention.

This meeting provides a great opportunity to reinforce our actions, reaffirm our commitment to this fight and continue to strengthen and establish agreements that will benefit our populations. It has been said, quite rightly, that peace is much more than the absence of war. In the same vein, health is not only the absence of disease, but also the complete enjoyment of our full potential as human beings. It is quite correct to say that if one does not enjoy full health, nor does one have full peace.

Our objective should be a world in which the genuine right to health is one of the pillars of personal well-being, national development and international peace and stability. In health, too, let us all be "brothers, none faceless others … where fate is freedom, grace and surprise", as stated in the hymn to the United Nations on its twenty-fifth anniversary, written by the great British poet W.H. Auden and performed by the great Catalan artist Pablo Casals. May health in our countries grow over time and flow over time, as music does. I would therefore urge members of the Assembly to work together and place the highest priority on the problem facing us today.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Viktor Yanukovych, President of Ukraine.

President Yanukovych (Ukraine) (*spoke in Ukrainian; English interpretation provided by delegation*): Ukraine welcomes the holding of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

This issue is very topical, and literally one of global proportions. It has an impact on global development and affects people in all countries, regardless of their social and economic status. Ukraine is not an exception.

Cardiovascular and endocrine system diseases, as well as cancer and trauma are among the main causes of premature mortality in our country. Experts confirm that mortality resulting from these conditions could, to a large extent, be prevented. None of these problems are purely medical. They stem from the welfare and lifestyles of people, as well as the ecological, social and economic situation in a country. The large-scale reform programme that has been launched in Ukraine is aimed at creating living conditions under which people will confidently look towards their future and take care of their welfare and health.

In that regard, I initiated health care reforms in Ukraine one and a half years ago. Our priority for the coming year is to modernize the primary care system. For many regions of Ukraine, it will mean reviving rural health care, which is unfortunately still in a difficult situation. In this way, we will make medical care more accessible to our citizens, and ensure prevention and early detection of non-communicable diseases.

One priority of our State policy is the fight against tobacco and smoking. Ukraine was among the first countries of Eastern Europe to sign the World Health Organization Framework Convention on Tobacco Control. Increasing the excise tax, imposing stricter requirements for trade, and banning advertising and restrictions on smoking in public places led to tangible results. Every fourth smoker quit smoking.

We have also had success in reducing injuries. Over the past three years, the number of victims of traffic accidents decreased by a factor of 2.4. That is the result of a complex policy, which included improving the quality of roads, increasing penalties for traffic violations and fighting corruption in the road patrol service.

We are also working to improve prenatal and maternity care. This year we launched a national project called New Life. The project will sponsor specialized prenatal facilities in four regions of our country where the quality of maternity care is inadequate. We plan thereby to continue improving maternal and childbirth care, which has been a focus of ours in recent years.

As a UEFA European Football Championship 2012 host country, Ukraine pays significant attention to the popularization of mass sports as a key contributor to a healthy lifestyle. To that end, a great number of sports playgrounds, stadiums and other public facilities are being built throughout the country. We consider preventive measures to be an important investment in the future of the Ukrainian nation. A focus on prevention will contribute to breaking the vicious cycle of chronic disease, improving standards of living and promoting a new level of economic development in Ukraine.

The introduction of the World Health Organization's new European health policy plan, Health 2020, bolstered the development of the Ukrainian Health 2020 programme. That programme, a first for Ukraine, envisages prevention-oriented health care based on the World Health Organization principle of "Health in All Policies", and aims to encourage the widespread adoption of healthy lifestyles.

Analysing global processes and our own experience, we firmly believe that whole foods and proper nutrition are also important factors in preventing disease and maintaining health. In a global food crisis, the quality of food is even more important. Dynamically developing its own agriculture, Ukraine plans to stimulate the production of ecologically clean food. In the very near future we will increase the supply of such products to international markets at affordable prices. We have a great capacity to do so, and it will be Ukraine's contribution to improving the quality of food in the world.

Ukraine pays significant attention to fulfilling its international obligations undertaken in the sphere of health care, in particular within the framework of the Millennium Development Goals. The Political Declaration adopted at this High-level Meeting (resolution 66/2, annex) will be a landmark for the international community in reducing the negative consequences of non-communicable diseases. I am convinced that, through the joint efforts of Member States and the United Nations, we will succeed.

The Acting President: I now give the floor to His Excellency Mr. Abdulkarim Rase, Minister of Public Health of Yemen.

Mr. Rase (Yemen) (*spoke in Arabic*): Allow me at the outset to thank the United Nations system attaching such importance to this special High-level Meeting on health as a prerequisite for comprehensive development. I commend Secretary-General Ban Ki-moon for his lead role in making the prevention and control of non-communicable diseases a main priority for decision-makers the world over. We also thank the World Health Organization and its Director-General Ms. Margaret Chan, for their significant role in this endeavour.

Clearly, the attention accorded by the international community to non-communicable diseases reflects the global consensus towards achieving the Millennium Development Goals. It also represents a qualitative shift in attention towards the Goals focusing on health.

I speak as the representative of a developing country that suffers the twofold burden of communicable and non-communicable diseases alike. Given the ongoing increase in the prevalence of non-communicable diseases and their dangers to development, successfully prolonging longevity has become a real challenge because non-communicable diseases begin slowly, without symptoms, and patients may live with them for the rest of their lives. Contrary to the belief held by some that non-communicable diseases are prevalent in developed countries only, the dire economic situation in the developing countries makes such diseases even more of a threat and a danger, especially in the poorest countries. Treating those diseases will have a tremendous impact on all sectors, especially those linked to the Ministries of health, development, information, industry and agriculture.

At this time, non-communicable diseases (NCDs) including diabetes, cardiovascular diseases, cancers and respiratory diseases are the main causes of illness and mortality in the Middle East. Their negative impact on public health services is enormous and must therefore be urgently addressed. Statistics show that 36 million people die annually due to the effects of NCDs, and that they account for 63 per cent of adult deaths worldwide and 90 per cent of the premature deaths of people under 60 years of age in developing countries. However, another challenge continues to burden developing and least developed countries — the absence of accurate data and insufficient resources to conduct scientific research and screening, thus aggravating the problem.

That challenge, compounded by the tremendous cost of the effects of NCDs and the inability to mitigate them, accounts for the loss of billions of dollars. NCDs, including cancers, respiratory diseases, diabetes and heart and cardiovascular diseases, are the main causes of death. Those are also the NCDs most likely to be mitigated by such interventions as support for healthy lifestyles, physical exercise and abstention from the use of tobacco and alcohol. Such changes in lifestyle would contribute to containing NCDs and their spread.

As the representative of the Republic of Yemen, I underscore the importance of the political role in monitoring scientific research for sovereign decisions on health issues, which represent a main pillar of comprehensive development. Interventions based on scientific research and evidence require a close relationship between academic and public service institutions in order to provide sound criteria for health care and appropriate interventions and measures.

My country looks forward to the strengthened support and cooperation of all development partners in taking responsibility and seeking to create a mechanism that will save lives in the fight against NCDs.

I take this opportunity to note that world leaders and Heads of Government are in a position to reach a global consensus on combating NCDs. Here I would suggest the establishment of a global fund to combat NCDs. We have had great success with the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. We should be able to do the same for NCDs. We must strengthen our efforts to improve health in the service of humanity.

The Acting President: I now give the floor to Her Excellency Ms. Zainab Hawa Bangura, Minister for Health and Sanitation of Sierra Leone.

Ms. Bangura (Sierra Leone): I am here today to underscore the importance that Sierra Leone attaches to the need for a new global commitment at the highest political level to prevent and control non-communicable diseases (NCDs). According to the World Health Organization, those silent killers, as they are sometimes called, now account for over 60 per cent of deaths worldwide. We are told that they are now the number one killers in the world.

In Sierra Leone, non-communicable diseases such as diabetes, chronic respiratory diseases, cardiovascular diseases, cancers and mental disorders account for only 18 per cent of all deaths. However, NCDs are on the rise and having a greater impact on adult morbidity and mortality. They pose a heavy economic and health burden on individuals, families, communities and the health system.

Allow me to say a few words about capacity to address and respond to the problems of NCDs. This, from our perspective, is the most important aspect of the Political Declaration (resolution 66/2, annex) that has been adopted at this High-level Meeting. The commitment we make today must take full cognizance of the capacity of low-income and least developed countries like Sierra Leone to prevent and control NCDs. How that capacity can be strengthened or enhanced is key to the implementation of the proposed action plan.

Sierra Leone faces serious challenges in delivering health-care services. NCDs are an exceptionally critical problem because our health sector lacks the capacity to provide specialized diagnostic, medical and surgical care. We lack the infrastructure, the equipment and the essential drugs. We also lack health professionals with specialist skills to provide the care that people with NCDs such as cancer and cardiovascular problems require.

We are aware that our people need this specialist care and that many critically ill patients are often sent to Ghana, the United Kingdom, India and a number of other countries for specialist diagnostics and treatment. Our overseas treatment budget has continued to rise as we continue to witness an increase in non-communicable diseases among the population.

The formidable challenges notwithstanding, we are taking concrete steps to ensure that Sierra Leoneans are spared the onslaught of NCDs. In 2009, for instance, we established the Directorate of Non-Communicable Diseases at the Ministry of Health and Sanitation to ensure our proactivity in addressing the challenges of NCDs. Following the establishment of the Directorate, a national survey was conducted to determine the prevalence of the common risk factors of non-communicable diseases among adults 25-64 years of age. The results were shocking and inspired us to accelerate national efforts to address the scourge.

Accordingly, the prevention and control of non-communicable diseases have been given priority consideration in our Poverty Reduction Strategy Paper 2: The Agenda for Change, and in the National Health Sector Strategic Plan 2010-2015. We have also developed non-communicable disease and mental health policies and strategic plans.

In recognizing the effect of tobacco smoking on the health of individuals, we have acceded to and ratified the Framework Convention on Tobacco Control, developed a strategic plan on tobacco control and carried out a global youth tobacco survey. We have also declared no-smoking zones in Government facilities in some areas of our country.

We are also taking steps to provide specialist care within the country. We now have a well-equipped, ultra-modern facility built as a gift from the People's Republic of China to provide specialist diagnostics and treatment. The University of Sierra Leone has received partial accreditation to train specialist health professionals. We have also received funding from the Kuwait Fund to equip three teaching hospitals in the country to strengthen capacities in the provision of specialist training. The Cuban Government, with support from the Government of South Africa, is providing specialized medical professionals to be deployed in our main regional referral and specialist hospitals. In 2009, we received doctors and midwives from Nigeria who are currently working in various districts of the country. All of this augurs well for our collective efforts to respond to the challenges of NCDs.

We also appreciate the support of the United Kingdom Department for International Development, the United States Government, the World Health Organization, the World Bank, the African Development Bank, the United Nations Children's Fund, the United Nations Population Fund and various other partners.

Sierra Leone is aware that prevention is the cornerstone of the global response to NCDs. Recognizing the rising epidemic of non-communicable diseases and their socio-economic and developmental impact on the citizens of Sierra Leone, our strategy to prevent NCDs is multisectoral. We will endeavour to involve all relevant ministries, departments, agencies and civil society organizations in prevention and control efforts.

I wish to conclude by adding that we recognize our responsibility to continue to develop policies and programmes and to strengthen our national capacity to effectively address and respond to the challenges of NCDs. At the same time, we sincerely hope that the outcome of this High-level Meeting will generate a new global commitment in support of our national efforts through technical assistance and other forms of international cooperation.

The Acting President: I now give the floor to Her Excellency Ms. Toufta Boguena, Minister for Public Health of Chad.

Ms. Boguena (Chad) (*spoke in French*): On behalf of my country's delegation, I would like to join previous speakers in expressing my congratulations to the Secretary-General for his efforts in successfully organizing this High-level Meeting and, above all, for the wise choice of the theme of non-communicable diseases (NCDs).

Allow me to stress that the current health situation in my country remains of particular concern, despite the resolute will and commendable efforts of the Government and its development partners. The situation of NCDs in Chad has yet to be properly defined. The annual survey of our country's medical statistics points to the presence of cases of diabetes and hypertension in our hospitals. We have already observed that the problem of non-communicable diseases is on the rise, since we commonly find at least one member of each family who suffers from either diabetes, hypertension, gout or asthma.

In the light of this worrisome situation, the Government has implemented a framework for preventing and combating those diseases. We have created a multisectoral national committee to combat non-communicable diseases that has developed an action plan for implementing the World Health Organization step-wise approach in our country.

In that regard, a study conducted in N'Djaména in October 2008 showed that 69.75 per cent of Chadians who consume alcohol do so at dangerous levels of 20 grammes a day; 20.2 per cent use tobacco; 80.3 per cent eat neither fruits nor vegetables; 87.3 per cent of the population do not engage in physical activity; and only 0.4 per cent present no risk factor, as opposed to the 31.7 per cent who are at risk in at least three or more ways. Non-communicable diseases account for more than 50 per cent of all medical evacuations from the country. As can be observed, cases of non-communicable diseases constitute a genuine public health problem in Chad, which needs to be addressed despite the existing efforts to create centres for early risk-detection and follow up.

Despite my country's situation, which involves numerous challenges, the Government of Chad has made the prevention and control of non-communicable diseases a priority, as they constitute an impediment to our development. The control of such diseases through our integrated epidemiological monitoring system has not been very effective, due to our limited resources. The lack of a national public health network of diagnostic laboratories and the scarcity of qualified staff have us in a stranglehold.

Given this situation, we hope that the international community, and in particular the agencies of the United Nations system, will continue to support our country even more in its struggle against all these scourges.

In conclusion, I would be remiss not to thank all our development partners for their growing multifaceted support. I reiterate the gratitude of the people and Government of Chad. Long live international solidarity. Long live health for all the peoples of the world.

The Acting President: I now give the floor to His Excellency Mr. Richard Visser, Minister for Health and Sport of Aruba of the Netherlands.

Mr. Visser (Netherlands): It is my great honour and privilege to speak on behalf of the Kingdom of the Netherlands, comprising the Netherlands and the Caribbean islands of Saint Maarten, Curaçao and Aruba.

The prevalence of non-communicable diseases (NCDs) varies throughout the Kingdom. We have seen an overall increase in the percentage of our people with diabetes and with one or a combination of chronic conditions.

In the Netherlands new policy document of May 2001, we focus on three themes, namely, trust in health protection, accessibility and availability of health care and sporting opportunities in neighbourhoods and educating people to decide on their own lifestyles. Choices for a healthy lifestyle can be made through accessible and reliable information, together with working public-private partnerships. We give specific attention to young children and youth, but we are not in favour of nationwide campaigns; in our experience, they often lack focus on specific target groups. We have serious doubts as to their effectiveness.

With regard to children in the Caribbean islands, due to its prevalence in the region, specific focus has been placed on childhood obesity. I will return to that later when describing the Aruba call to action on obesity.

It is important to focus on a healthy start for young people through empowerment, sporting activities and accessible health care. Our responses to NCDs are embedded in our health-care systems, with specific emphasis on primary health care and public health policies and programmes. We tailor our programs to include a cost-containment approach. In the areas of health care systems and public health, we have financial growth in our programmes. We are aware that people with chronic conditions are the main consumers of our health system.

In that respect, we also face challenges, as the accumulated impact of NCDs come face to face with the challenge of ageing and multiple morbidities. This comes as a major challenge for the health care system in our countries, according to our national policies and as indicated by the Organization for Economic Cooperation and Development.

In the future, a fast-growing part of our population will face heart failure, diabetes, depression and overweight at the same time. We therefore do not favour a more vertical approach for all separate diseases, but rather integrated treatment with a cost containment approach in health care policies and systems of prevention, treatment and long-term care.

It is important to monitor the prevalence of disease as well as practical and accessible approaches. However, we do not favour globally decided targets, given the differences of prevalence between countries and the increase of NCDs. At the international level, we are aware that the burden of diseases in developing countries is growing. We do believe in the involvement of Government approach; however, distinctions need to be made between policy aspects that fall within the responsibility of ministers of health themselves, such as the sustainability of the health care system and prevention programmes, and between responsibilities of other ministers that may also have an impact on health.

With regard to assistance to low- and middle-income countries, the first priority is to create health care systems that can meet the challenges of NCDs, both in preventive actions and health care treatment. Financing through the strengthening of existing health care systems should be implemented in the framework of current mechanisms. We do not see the need for new partnerships.

We view the Political Declaration (resolution 66/2, annex) as an inspiring document for national and local policies, since the majority of the actions should be focused on those levels. I have indicated to the Assembly that we are in favour of a pragmatic approach, given the differences of prevalence between countries. Given the cultural aspects of the four risk factors, a tailor-made approach is necessary. A one-size-fits-all approach would be of limited impact and value to our citizens.

Finally, I would like to come back to the subject of obesity. The Pan American Conference on Obesity was held in Aruba from 8 to 11 June. The wide range of participants in attendance included national, provincial and municipal Government representatives, ministers, senators, ministers' representatives, scientists, experts, journalists and athletes from 22 countries of all of the Americas took part in the Conference, which paid special attention to childhood obesity. During the Conference, strategies that can be applied to prevent obesity in the Americas were identified and presented in the Aruba call to action on obesity, with special attention to childhood obesity.

In the context of this short intervention, please allow me to highlight just a few of the actions that were proposed: to commit to the fight against childhood obesity and promote healthy weight by sharing strategies and actions with and between our respective Governments, institutions and communities to support effective public policies and multilevel comprehensive strategies to address obesity, based on the principles as described in the call for action; to facilitate the accumulation and exchange of knowledge on which projects and strategies have proved effective and in which settings; to increase awareness that obesity has a significant impact on labour productivity, and therefore on the social and economic development of countries; to invest in health promotion to prevent and reduce obesity; to incorporate obesity data into chronic disease surveillance systems; and to monitor, measure and evaluate progress made to reduce the prevalence of obesity and its associated risk factors.

Let me conclude by saying that only history can judge us. We would like to use the occasion of this High-level Meeting not to just sign another declaration, but to link it to work at local and national levels, where action needs to be taken.

The Acting President: I now give the floor to His Excellency Mr. Eduardo Bustos Villar, Deputy Minister for Health of Argentina.

Mr. Bustos Villar (Argentina) (*spoke in Spanish*): It is my great honour to address the General Assembly on behalf of the Group of 77 (G-77) and China. I would first like to say that the G-77 and China welcomes the holding of this High-level Meeting on the Prevention and Control of Non-communicable Diseases. The G-77 and China believes that the United Nations, given its universal membership, legitimacy and comprehensive mandate, should play a central role in mainstreaming non-communicable diseases into the global development agenda.

Non-communicable diseases — primarily cardiovascular diseases, cancers, chronic respiratory diseases and diabetes — represent a real global epidemic and a leading threat to sustainable development and to the right to achieve the highest attainable standards of physical and mental health. These diseases cause the highest number of deaths and disabilities worldwide, accounting for 60 per cent of all deaths, with 80 per cent of them occurring in developing countries. Such non-communicable diseases could be largely prevented by eliminating risk factors, in particular tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. Other non-communicable diseases, such as mental illness and sickle-cell anaemia, also seriously add to the burden of disease.

Non-communicable diseases deepen social inequities, hinder human development and remain a difficult obstacle in the fight against poverty and hunger. Poor living conditions and other social, gender-related, economic, political and environmental health determinants contribute to the rising incidence of these diseases. Social inequities, such as an inequitable access to medicines and diagnostic tools and technologies, should also be addressed in this regard.

Medicines are a public good, and universal access to them should to prevail over narrow commercial interests. Ten years ago, the Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health confirmed the right of States to take advantage of flexibilities to protect public health and ensure access to treatment. In addressing chronic non-communicable diseases, controlling their incidence and mitigating their serious impacts, countries should take all necessary measures to ensure access to affordable, safe, effective and quality medicines, diagnostics and other technologies.

In that regard, we recognize that generic drugs have played a key role in ensuring access to medicines in the developing world. We therefore reaffirm our right to use, to the full, the TRIPS flexibilities, as confirmed by the Doha Declaration. We also acknowledge the need to effectively implement the Global Strategy and Plan of Action on Public Health, adopted by the World Health Assembly in 2008, as important tools to help develop national capacities in developing countries in order to strengthen public health and ensure the universal access of the population to medicines and medical technologies, without any kind of restriction to specific diseases.

In this globalized world, neither communicable diseases nor non-communicable diseases are constrained by national boundaries. While recognizing the primary role and responsibilities of Governments in responding to this global epidemic, including in the form of awareness raising on the harmful effects of tobacco use and alcohol abuse, as well as the positive effects of good nutrition and physical activity, it should also be recognized that there is an urgent need for joint efforts from all sectors of society as well as from the international community in support of national efforts. In that regard, the Group of 77 and China urges all Member States to strengthen international cooperation, including through the transfer of technology.

Despite the significant impact of non-communicable diseases on public health and the related growing costs for our national health systems, it should be noted that less than 1 per cent of official development assistance (ODA) funds go to non-communicable diseases. The G-77 and China calls for fulfilment of all ODA-related commitments, including the commitment on the part of many developed countries to reach a target of 0.7 per cent of gross national product for development aid by 2015. Non-communicable diseases should receive the attention they deserve on the development agenda.

The Group urges relevant international organizations and partners to increase technical assistance for research and capacity-building to developing countries in order to improve prevention and control of non-communicable diseases, as well as universal access to medicines, medical and diagnostic technologies, including through the full use of the flexibilities contained in the Doha Declaration.

The Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting is the first comprehensive document with commitments from global leaders to addressing non-communicable diseases. The Group of 77 and China is of the view that the Declaration will serve as a useful platform for ongoing consideration of the development and other impacts of non-communicable diseases. The Group of 77 and China therefore looks forward to engaging with partners and stakeholders in the follow-up process with the aim of strengthening the global response to the epidemic through multisectoral actions and effective partnerships.

My delegation aligns itself with the statement I have just made on behalf of the Group of 77 and China. I now have the honour to speak in my national capacity.

My country, Argentina, considers non-communicable diseases to be a problem that should be dealt with across every sector, as was said by the Director-General of the World Health Organization (WHO) at the regional high-level consultation of the Americas on non-communicable diseases and obesity, held in Mexico in February: "[C]hronic diseases are no longer just a medical or a public health problem. They are a development problem, and they are a political problem".

It is for that reason that we must strengthen the role and leadership of States in protecting our peoples by creating healthier social and physical environments, reducing their exposure to risk factors and encouraging healthy behaviours on the part of the population. A few days ago, here in this city, we saw the launch of Wellness Week, at which the Director of the Pan American Health Organization said that better health is not just a question of individual decisions; rather, public policy is key to making healthy ways of living viable and sustainable.

In that regard, we consider it vital to regulate and work to promote such areas as increasing physical activity; reducing salt, sugar, and saturated and trans-fats in diets; increasing consumption of fruit and vegetables; and reducing calorie intake. We should also improve information for consumers; protect children from advertisements for unhealthy foods and drinks; promote relevant tax policies; prohibit tobacco advertising, promotion and sponsorship; establish smoke-free environments; and reduce harmful levels of alcohol consumption through effective public policy limiting access to it.

We believe that if this meeting is to have an impact, we must agree on clear objectives, goals and shared courses of action at the global, regional and national levels. The phenomenon of globalization seems to be taking on the form of a world economic crisis; we do not know how far this will go or what its effect on our peoples will be. In light of this, we in Argentina, which has lived through serious crises, consider that the worst thing that could happen would be for us to experience a crisis of ideas, or to lack initiative on finding ways to tackle our health problems. In this regard, we should invest all our capacity, experience and lessons learned in the service of all countries.

We would like to talk about what Argentina has been doing in this regard. We have been developing and implementing a national prevention and control strategy for non-communicable diseases. To that end, we have had to strengthen our institutional capacity by creating a department for non-communicable diseases and a national cancer institute. We have created an epidemiological surveillance area dedicated to non-communicable diseases, where risk factors and other data are studied in order to enable us to make decisions and monitor our strategy. We have also reoriented our national programme for public production and free access to medicines, Remediar + Redes, including hypertension and diabetes as tracer diseases in order to strengthen our health systems, and we have classified patients according to their overall cardiovascular risk.

We have created a national intersectoral commission for the prevention and control of non-communicable diseases, in which other ministries, scientific organizations, academia, civil society, universities and the food industry are participants, designed to formulate and implement intersectoral actions and policies.

Similarly, in conjunction with the Ministry of Agriculture and the food industry, we have modified Argentina's food regulations on trans-fats with the aim of eliminating them from processed food by 2014. We have begun to reduce sodium in processed foods through agreements with the industry, an initiative launched with the Argentine Federation of Bakers. We have also reduced smoking rates through actions designed to limit it. Here, we highlight the importance of local provincial laws and a recently enacted national law on tobacco control that includes aspects of the WHO Framework Convention on Tobacco Control.

We have developed a number of physical activity projects as part of our healthy municipalities and communities programme; we are also conducting summer educational campaigns in resorts on the risks associated with unhealthy living habits. We have implemented a national plan on responsible alcohol consumption, working in conjunction with the industry itself. We have launched a campaign promoting consumption of fruit and vegetables, in which, inter alia, we provide seasonal recipes using fruits and vegetables, in cooperation with the Argentine Federation of Fruit and Vegetable Markets. We have developed and are implementing a practical clinical guide to best practices, which includes information on diabetes, cardiovascular disease, tobacco use, kidney disease and hypertension, aimed at ensuring high levels of care.

Finally, I would like to say that without political will and resolve on the part of our leaders in what we do every day, all of it is going to become more and more difficult. But we are convinced that this High-level Meeting will mobilize every world leader around our shared objective, which is to give a human face to the decisions we take every day. I would like to end with the words of a medieval theologian, who insisted that men are like angels with one wing; in order to fly they must link arms. This is one of the goals we have to set ourselves in order to create a greater and better quality of life for our peoples.

The Acting President: I now give the floor to His Royal Highness Prince Turki bin Mohammed bin Saud Al Kabeer, Under-secretary of the Ministry for Foreign Affairs for Multilateral Relations of Saudi Arabia.

Prince Turki bin Mohamed bin Saud Al Kabeer (Saudi Arabia) (*spoke in Arabic*): I would like at the outset to congratulate Mr. Al-Nasser on his assumption of the presidency of the General Assembly at its sixty-sixth session. We wish him and the brotherly State of Qatar full and continuous success.

The holding of this High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs) offers a good opportunity to review the efforts of the international community to prevent such diseases and to strengthen international cooperation in combating their spread. In this context, Saudi Arabia supports all international endeavours aimed at confronting these diseases and continues to dedicate efforts and resources to the fight at the national and international levels.

Saudi Arabia has taken the following measures. In 2003, it established a General Directorate for Non-communicable Diseases entrusted with setting up plans and strategies to combat these diseases. It has launched a number of programmes aimed at preventing the non-communicable diseases that are most prevalent in Saudi society, including programmes on the prevention of diabetes and cancer, nutrition and physical activity, cardiovascular and disease prevention, healthy marriage and the early examination of newborns. We have also set up the Health Crown Prevention programme, an accident and injury prevention programme, a programme to detect the risk factors of non-communicable diseases, and an osteoporosis programme.

We have adopted and begun implementing national plans and strategies for the aforementioned programmes. Government and non-governmental entities have established national committees on non-communicable diseases that are connected with prevention programmes. We have conducted several field studies at the national level to assess the spread of non-communicable diseases and their risks and causes, in cooperation with the World Health Organization.

Mr. Thomson (Fiji), Vice-President, took the Chair.

In this context, we have been giving support and assistance to primary-care institutions in the field of combating non-communicable diseases. We have also set up functional guidelines for some of these programmes, including training and skills development for personnel involved in combating NCDs and caring for patients through special training courses associated with the respective programmes.

We have also launched national campaigns to promote awareness among the populace through programmes such as "How is Your Diabetes?", nutrition and physical activities, a healthy marriage programme and an accidents and injuries prevention programme. We have also produced awareness bulletins and brochures on such programmes.

We have also established a computerized registration system to monitor non-communicable diseases and record cases of cancer and diabetes among those who are about to enter into marriage. There have been coordinated and cooperative activities between the public and private sectors, including philanthropic societies, in combating NCDs.

At the international level, the Kingdom has been assiduous in attending regional and international conferences and meetings, such as the Ministerial Meeting of Health Ministers of the Cooperation Council for the Arab States of the Gulf and the World Health Organization, among other relevant meetings.

The Acting President: I give the floor to Ms. Karin Johansson, State Secretary to the Minister for Health and Social Affairs of Sweden.

Ms. Johansson (Sweden): For some time now, we have observed the global trend of the rapidly increasing prevalence of non-communicable diseases. It has taken great patience and perseverance to move from initiative to decision, from the publication of facts through the formulation of relevant strategies to action plans.

This United Nations High-Level meeting on Non-communicable Diseases is a landmark event in this work and underscores the importance of our common efforts in this regard. The High-level Meeting will be decisive for the progress of global health. Our expectations are that concrete commitments will be made, not least at the national level, using strategic policy options that we all know have the greatest potential to bring about change. The efforts to tackle and control non-communicable diseases need to focus primarily on health promotion and disease prevention. Therein lies great potential for global health gains and for reduced health inequalities between and within countries. It is now time to take action.

It is of course up to each country to take into account its own political and social context when deciding on the optimal mix of existing evidence and good practices for improving the health of its citizens. But the most effective "best buys" are readily available, and national responsibility for the implementation of these measures has to be taken. Otherwise, the struggle against these diseases will be lost at the outset.

The World Health Organization (WHO), as the lead specialized agency of the United Nations for health, should continue to have the leading role in the work against non-communicable diseases.

Non-communicable diseases contribute to a large part of the disease burden across the globe. Governments must take leadership and fulfil the commitments already made in the fight against these diseases, and we all have the obligation to support each other in this regard. As one of the major contributors to the WHO, we fully support the Organization's fundamental work in assisting Member States in their struggle.

The Acting President: I give the floor to His Excellency Mr. Jun Byung Yool, Deputy Minister for Health and Welfare of the Republic of Korea.

Mr. Jun Byung Yool (Republic of Korea): I am pleased to be a part of this significant High-level Meeting of the General Assembly, which has brought together world leaders from around the globe to discuss the prevention and control of non-communicable diseases (NCDs).

This meeting is the second occasion at which the General Assembly has focused on discussions concerning another formidable health issue, following the High-level Meeting that focused on HIV/AIDS (A/65/PV.90-95). That meeting contributed to strengthening international cooperation to improve the prevention and treatment of HIV/AIDS. I firmly believe that this meeting, too, will be critically important in our fight against NCDs around the globe.

Non-communicable diseases such as cardiovascular disease, stroke, diabetes and chronic respiratory disease claim the lives of some 36 million people around the world every year. These deaths figure around 63 per cent of the total annual number of deaths. Among them, some 9 million people die before reaching 60 years of age. Sadly, 90 per cent of those 9 million deaths occur in middle- and low-income countries. By 2030, the number of deaths from NCDs is expected to be five times the number of deaths caused by communicable diseases.

As a part of its preparation for this meeting of the General Assembly, the World Health Organization (WHO) held this year a regional high-level meeting and co-organized the Moscow global ministerial conference. The Korean Government joined the efforts of the WHO and hosted a regional high-level meeting on NCDs in March for discussions among the Western Pacific members. The Seoul Declaration, adopted at the meeting, expresses the commitment of high-level national support for the prevention and control of NCDs and highlights the need to strengthen health systems based on primary health care.

The Moscow Declaration voiced the shared concerns of WHO member States that the fight against NCDs involves complex levels and layers of challenges. These challenges often relate to socio-economic and environmental dimensions within Member States. Member States promised to develop whole-of-Government policies and implement the Action Plan for the Global Strategy for the Prevention and Control of NCDs.

Non-communicable diseases are preventable. If we correctly address major risk factors such as smoking, unhealthy diet, physical inactivity and alcohol abuse, we can and will dramatically reduce fatalities from NCDs.

The importance of policies to fight NCDs cannot be overstated. The Korean Government is making aggressive efforts in this regard. Korea's active tobacco control policies, in place since 2004, include an increase in pricing for tobacco products. Since then, Korea has seen its smoking rate decrease by 18 per cent among adults. More recently, as of 2010, the relevant law was revised for the effective implementation of the Framework Convention on Tobacco Control. Our Government is also working to legislate for health management services to enable systemic NCD prevention and control at the same time.

Through this system, the Korean Government will directly provide health management services for the vulnerable and create a rational market for consumers who can afford to pay for services. In addition, the Korean Government is actively participating in international cooperation to deal with NCDs. The hosting of the regional meeting, for instance, served at an opportunity to reaffirm the commitment of cooperation of Western Pacific countries. In 2012, Korea will host the Conference of the Parties to the WHO Framework Convention on Tobacco Control with a vision for reinforcing greater and more substantial cooperation on tobacco control.

It is my sincere desire that we, as an international community, continue our alliance to work more closely for the prevention and control of NCDs. Also, it is my strong belief that the United Nations will lead us in this global effort with the strongest of leadership.

The Acting President: I give the floor to Her Excellency Ms. Beatriz Londoño-Soto, Deputy Minister for Health and Welfare of Colombia.

Ms. Londoño-Soto (Colombia) (*spoke in Spanish*): Colombia congratulates the United Nations and the World Health Organization (WHO) on having organized this High-level Meeting on chronic non-communicable diseases (NCDs). We are here because we know the terrible effects of hypertension, diabetes, cancer and respiratory diseases on our populations, and because we feel that it is possible to reduce the suffering, disability and early deaths of millions of people around the world by developing better designed, more effective and better evaluated policies, strategies and programmes.

We have always believed that it is relevant to work for the synergy resulting from coordinated multisectoral work, but today, more than ever, it is important to return to the basic principles of teamwork in order to improve the health of our populations. That is why the Government of Colombia, under the leadership of President Juan Manuel Santos Calderón, is committed to developing national, regional and local capacities in order to provide conditions and an environment favourable to the adoption of healthy habits, working at the same time with various sectors and organizations, educational institutes at all levels, non-governmental organizations, academia, the private sector, international bodies and local and regional Governments.

For the 46 million inhabitants of our country, Colombia, 76 per cent of the disease burden is caused by chronic non-communicable diseases. Against that backdrop, the Government of Colombia is resolutely committed to promoting healthy lifestyles starting in infancy, involving families and communities, and continuing to improve access to and management of health services for those suffering from non-communicable diseases, and bringing together many complementary institutional and social networks.

Our country has taken decisive steps. Our anti-tobacco law created 100 per cent smoke-free areas in the workplace and in public transportation. We have graphic health warnings and are one of the few countries of the world where it is prohibited to advertise to or encourage smoking in minors. However, we need to raise our taxes and prices.

All demographic groups in our country have shown weight gain. That is why we want to put particular emphasis on the development of physical activity as an essential factor in halting this epidemic effectively.

The reduction of chronic non-communicable diseases goes beyond the health sector. Although we have good clinical services, they will not be sufficient without changing the physical and cultural environments, promoting active transportation, improving the condition of public spaces, and encouraging a healthy daily diet rich in fruit and vegetables.

We have enacted a law that supports the fight against obesity by regulating the composition of foods, such as trans-fats and saturated fats. Next year, regulations to gradually reduce sodium over the course of five years will come into force in conjunction with a health communication and education campaign targeting children and young people.

We have made progress on early cancer detection in order to provide treatment at an early stage, particularly for women with uterine or breast cancer. However, we need to redouble our efforts to detect many other kinds of cancers affecting our population. We are therefore training our health teams to look for risk factors, developing specific treatment guidelines and evaluating their results.

Our national pharmacology policy reflects our commitment to guaranteeing access to high-quality medicines at reasonable cost, which will ensure a health-care system that is sustainable in the long term for patients suffering from those diseases.

Finally, I stress the fact that Colombia has increased its funding for innovation, science and technology, identifying five priority research areas related to chronic non-communicable diseases. We aim to adapt the best technologies to provide for better use of all available resources.

We would like to express our enthusiastic and committed support for the shared tasks proposed at this meeting. They will enable us to close the gaps and to obtain significant and sustainable results in the long term. We will always be prepared to share our progress and to continue to learn from all countries.

The Acting President: I now give the floor to His Excellency Mr. Roberto Sabrido Bermúdez, Vice-Minister for Health of Spain and President of the Spanish Agency for Food Security and Nutrition.

Mr. Sabrido Bermúdez (Spain) (*spoke in Spanish*): It is my honour and pleasure to represent my country in this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. We share the concern expressed about this issue. I also want to affirm Spain's endorsement of the statement made on behalf of the European Union.

Non-communicable diseases represent a high morbidity and mortality burden for all countries. In this regard, my Government agrees with the Secretary-General when he declares in his report that "non-communicable diseases represent a new frontier in the fight to improve global health" (*S/2011/83, p. 1*). The promotion of healthy lifestyles — encouraging physical activity and healthy diet and working to reduce smoking and harmful alcohol use — is a public health priority for the Government of Spain, as I believe it should be worldwide.

My Government has been working intensively on those four fronts. In January 2011, a new law banned outright smoking in enclosed public places, the outdoor areas of schools and hospitals, and playgrounds. The Spanish national strategy on nutrition, physical activity and obesity prevention came into effect in 2005 with the goal of improving nutrition and promoting physical activity, especially among children and adolescents. We are pleased to see that the three pillars on which the strategy is based — multisectorality, balance between voluntary agreements and regulatory actions, and assessment of the policies implemented — are also acknowledged in the principles of the Political Declaration adopted at this High-level Meeting (resolution 66/2, annex). In January 2009, the Spanish national drug dependency strategy came into effect, focusing especially on reducing underage drinking.

Care models in developed and developing countries continue to be directed towards reactive responses to acute health problems. We have to identify innovative and highly cost-effective health strategies and interventions that act both on chronic diseases and on their determinants. The Government of Spain maintains that all public policies must absolutely be evaluated based on their cross-cutting effect on the health of the population, as well as on gender mainstreaming.

The quality plan of the national health system of Spain has developed several health strategies, for example for cancer, ischaemic heart disease and diabetes. We are developing a national health system strategy on health and gender, and re-evaluating our approach to chronic disease in general, which will open the way to a reorientation of our health-care services.

Health systems are one of the most important factors of social cohesion in the different countries of the international community, especially in periods and situations of economic crisis, such as now. There is therefore an urgent need to adopt measures promoting the collaboration of the international community in the development of national health systems, enabling persons to exercise their right to health and to have equitable, solidarity-based and universal health systems that are also sustainable.

In the twenty-first century, the health of the general population has become a centrepiece of societies' aspirations and proven to be a key element of economic and social development. Therefore, we should analyse the health sector's role not as a generator of costs but as a critical element of economic progress. We therefore draw the attention of the members of the General Assembly to the role of health-care systems as catalysts of national economies, in parallel to their undoubted significance in achieving the goals of wealth redistribution and social justice that we all share.

The Government of Spain reiterates and emphasizes its willingness to collaborate in all international cooperation activities aimed at fostering and promoting the health of populations, as does the action proposed by the Secretary-General on the prevention and control of non-communicable diseases.

The Acting President: I now give the floor to His Excellency Mr. Torphong Chaiyasan, Deputy Minister of Public Health of Thailand.

Mr. Chaiyasan (Thailand): On behalf of Thailand, I want to express our country's great pleasure in participating in this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs).

In 1973, a group of experts from the World Health Organization visited Thailand and warned us that NCDs would soon be our number-one killer. At the time, everyone laughed at the idea. Today, non-communicable diseases constitute almost three-fourths of both Thailand's total number of deaths and its total burden of disease.

Unfortunately, we are not the only ones facing that sad-but-true situation. Low- and middle-income countries bear the brunt of the global NCD burden. The truly alarming fact is that they are shouldering that burden with a limited capacity to cope, compared to those in the high-income world. They lack almost everything that is needed to address this issue. Our discussion here today will be really meaningful only if we seriously and sincerely address those limitations in the developing world.

We have not done enough, even though evidence clearly suggests that there are effective and sustainable ways to deal with NCDs by addressing risky behaviour and related social determinants. The World Health Organization's global status report on NCDs clearly recognizes "best buy" interventions, which include controlling availability and marketing strategies and devising tax and price measures to control aggregate consumption of commodities that lead to NCDs. We do need to do much more to integrate this "best buy" intervention into our public policy.

Thailand has benefited tremendously since 2001 from the establishment of the Thailand Health Promotion Foundation, funded by a 2 per cent additional levy on top of the excise tax on tobacco and alcohol. Since the Board of the Foundation is chaired by the Prime Minister of Thailand, it has direct links to top policymakers. In this connection, Thailand would like to request all Member States to effectively implement the Framework Convention on Tobacco Control as soon as possible.

Earlier this year in Moscow, the Director-General of the WHO said:

> "Today, many of the threats to health that contribute to NCDs come from corporations that are big, rich and powerful, driven by commercial interests, and far less friendly to health."

Although the alcohol, tobacco and food and beverage industries are different from one another, their actions and expectations with regard to the policy process are the same. They try to weaken policy content, tone down its scope in the public policy process.

"Partner" is a good term, and the global community has enjoyed countless public benefits from partnership with the private sector. But partnership with certain industries that have conflicts of interest leads nowhere. We believe that the private sector can still be part of the solution, but that should be in dialogue not only with producers, distributors and marketers, but also as part of the public policy process.

The final point that I would like to stress is that medicine is a moral commodity. Thailand strongly supports the full use of the flexibilities and rights enshrined in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Doha Declaration to protect public health and strengthen the global effort to improve our capacity to fight the NCD pandemic. The TRIPS Agreement and the Doha Declaration ensure that members of the World Trade Organization can implement TRIPS flexibilities to produce generic patented drugs for public non-commercial use and for export to countries that may not have adequate domestic capacity to produce their own generic essential drugs. These are rights that we must hold dear, because we owe it to our public and to the global community to protect and promote public health and, quite simply, to save lives.

In closing, I would like to express my delegation's sincere appreciation that this High-level Meeting reflects the agreement among Member States to discuss important multisectoral health issues here at the United Nations in New York. In this regard, I would like to reiterate the request of the recent World Health Assembly to the Secretary-General that a discussion be convened on the issue of universal health coverage at a future session of the General Assembly in order to find consensus on the issue, which we believe is not only essential to effectively tackling NCDs, but also crucial to the achievement of the Millennium Development Goals.

The meeting rose at 1.15 p.m.